



**HIPAA Authorizer Manual
Software for the 278
Authorization and Review
Request**

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Chapter



1 The HIPAA Authorizer

1.1 Introduction

The HIPAA Authorizer is HIPAAsuite's application for the X12 278 transactions. These transactions are concerned with authorizations and utilization and service review of healthcare services. Often insurance contracts require the provider to obtain an authorization for the procedure they are about to undertake. Mostly done over the phone or some voice response system, the HIPAA act of 1996 envisioned that this process can be handled by machines and the communication should be done according to the X12 specification. Authorizations are notoriously complex. Every specialty of medicine has its peculiarities and special information segments and all these have to be properly captured so that the request can be adjudicated. This makes the 278 transaction potentially very complicated.

Unique to this transaction is that it contains two separate transactions, the creation of the request and the response to a request are listed in the same transaction set. The HIPAA Authorizer handles both modes. With the HIPAA Authorizer one can manually create the most detailed electronic authorization requests and send them to the trading partner as well as study the requests in detail and create the responses and transmit them back to the originating requester.

There are several cases where the HIPAA Authorizer can be utilized.

HIPAA Authorizer for Payers

A payer can conduct all the Authorization and Services Review related e-business including that which they are obligated to support by HIPAA with the HIPAA Authorizer. Authorization requests come via 278 file. The simplest use, manual mode, would be to display the request on screen and to compose the response to the request and send it back. A case worker can in this scenario process many request in the course of the day. The HIPAA Authorizer can be connected to a database so that all requests and responses are preserved in a SQL database and can be recalled or processed later.

The database can be accessed through a separate, outside process and authorizations for many procedures could be generated by some rule engine to be developed by others. This process can then add the information needed for a valid response to the tables and the HIPAA Authorizer can then package the information into a 278 response file and send it back to the requesting provider. Automating large parts of the processes realizes the true savings of employing EDI in the business flow. All this can be automated through command line arguments.

Such automatic processing of authorization requests should include the validation of the request so that deficient or incorrect data in a request can be reported back with 'AAA'

segments with the appropriate error message.

HIPAA Authorizer for UMO's

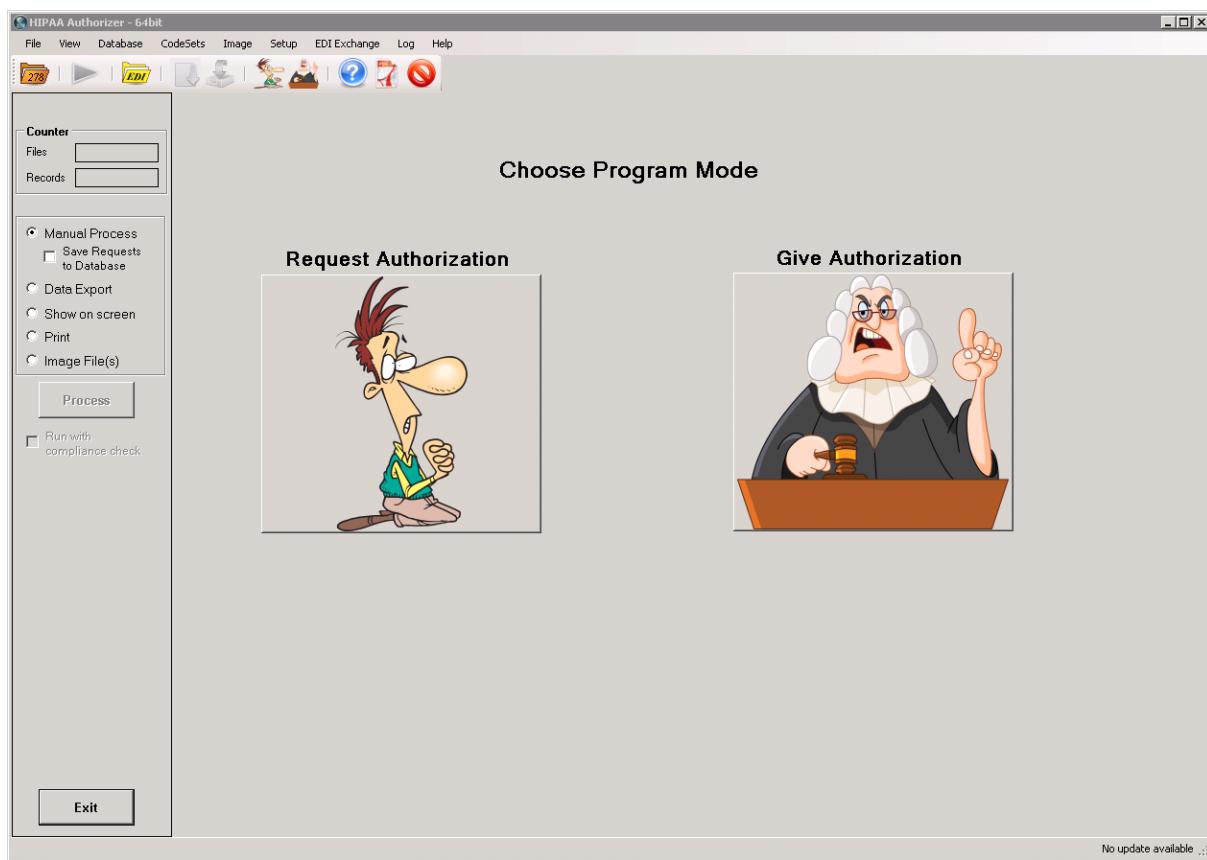
Utilization Management Organizations (UMOs) often perform third party services, either for payers or for providers. The HIPAA Authorizer is uniquely able to deal with this role. One scenario is a mental health UMO, that contracts with a large payer. The payer wants 278 EDI files with the results of those authorizations. Providers have to get authorization via this UMO and most likely call or fax in their requests. Case workers type the information into the HIPAA Authorizer and adjudicate the authorizations as well. After completing a request they can then immediately send the response on to the payer and in case the provider is EDI enabled send it to the provider as well. All data elements are stored together with the a record of who adjudicated the authorization.

Another possibility is that the payer passes on 278 request files to the UMO in order to adjudicate the requests. The UMO in turn sends back a 278 response file. The HIPAA Authorizer will read and parse the request information into the database. Requests can be adjudicated manually or an above mentioned separate process and the HIPAA Authorizer sends the completed 278 response files back

HIPAA Authorizer for Providers

The HIPAA Authorizer can be employed by providers and hospitals and nursing homes to handle all the authorization related business. Clerks can enter authorization requests fast and easy into the HIPAA Authorizer and send them either immediately or in batch mode to the payer. The payer adjudicates the request and sends back the response. HIPAA Authorizer will display the response, store it in the database and connect the request to the response. Apart from the manual mode it is of course possible to create the database records for the requests through another, separate process and use the Authorizer to create the EDI file, the communications with the payer and to populate the database with the responses, so that possibly a separate process consumes those data.

The following picture shows the start up screen of the HIPAA Authorizer

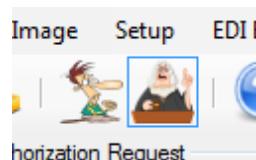


The Start-up screen of the HIPAA Authorizer. Here we have the option to choose between the two program modes: Request and Response

On top you have the main menu through which you can address every function of the program, underneath the tool bar with Icons to the most common functions

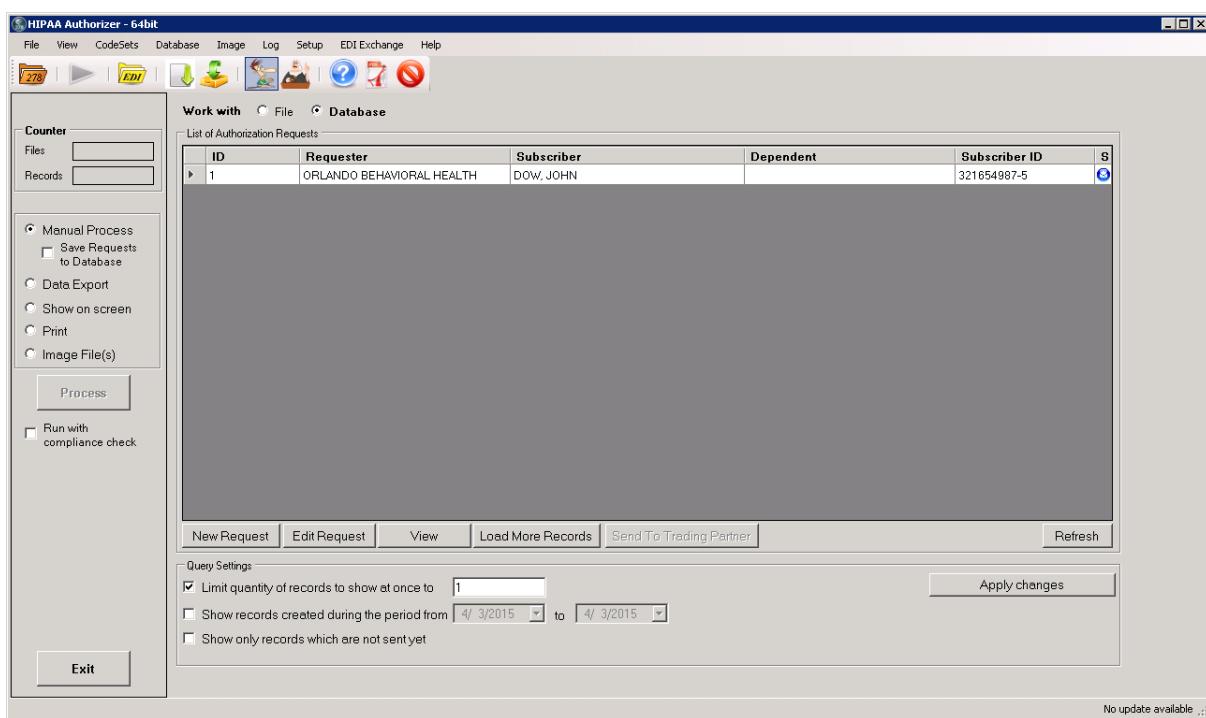
The Info bar on the left side controls the processing of files.

Most prominent are the 2 cartoon figures which humorously express the two separate modes that the HIPAA Authorizer runs under: Request mode and Response mode. Once we choose a mode it will be indicated in the task bar.



The chosen mode is indicated by the blue frame around the icon. In this case the 'Response' mode is chosen.

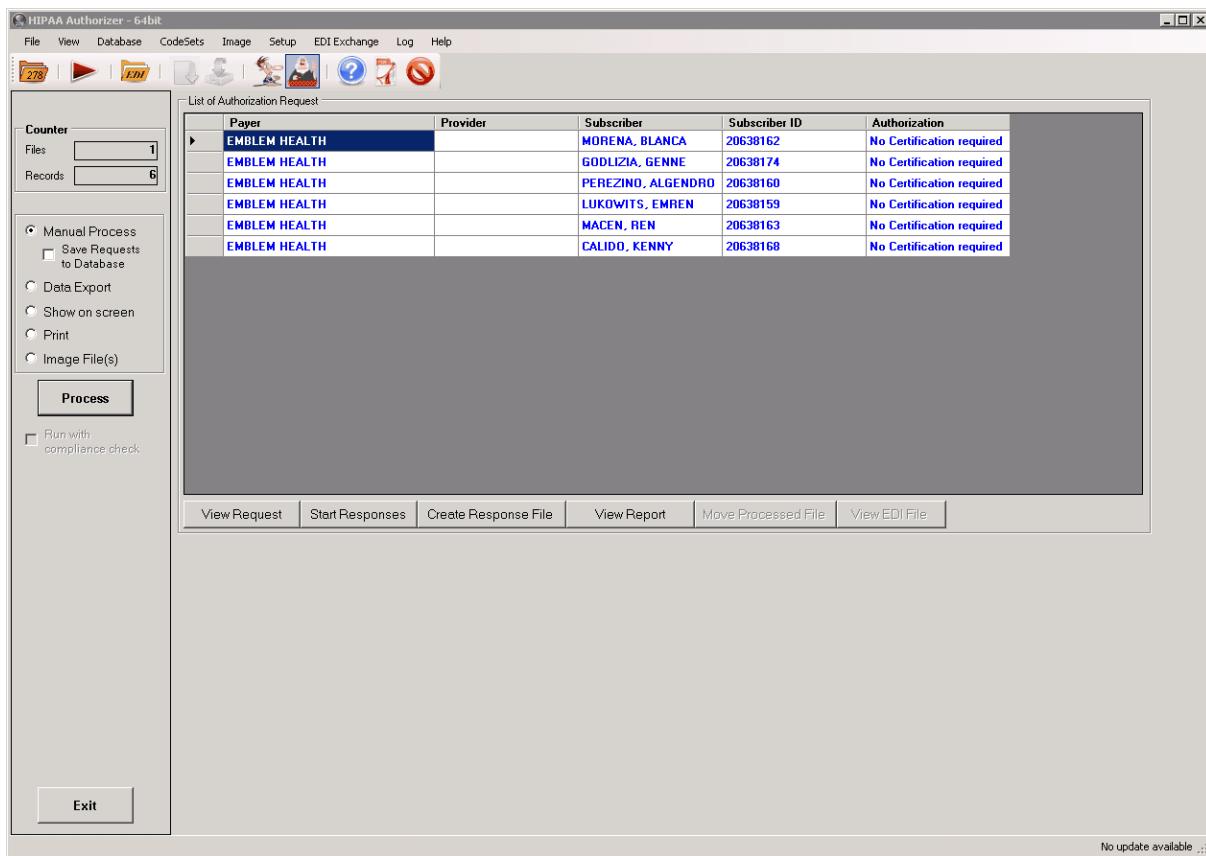
If we choose to create a request we will see the following screen



The main screen in request mode.

This is our workplace to create and manage requests. Here we see all relevant requests and their status is clearly indicated.

In Response Mode, we see this screen:



The main screen in response mode.

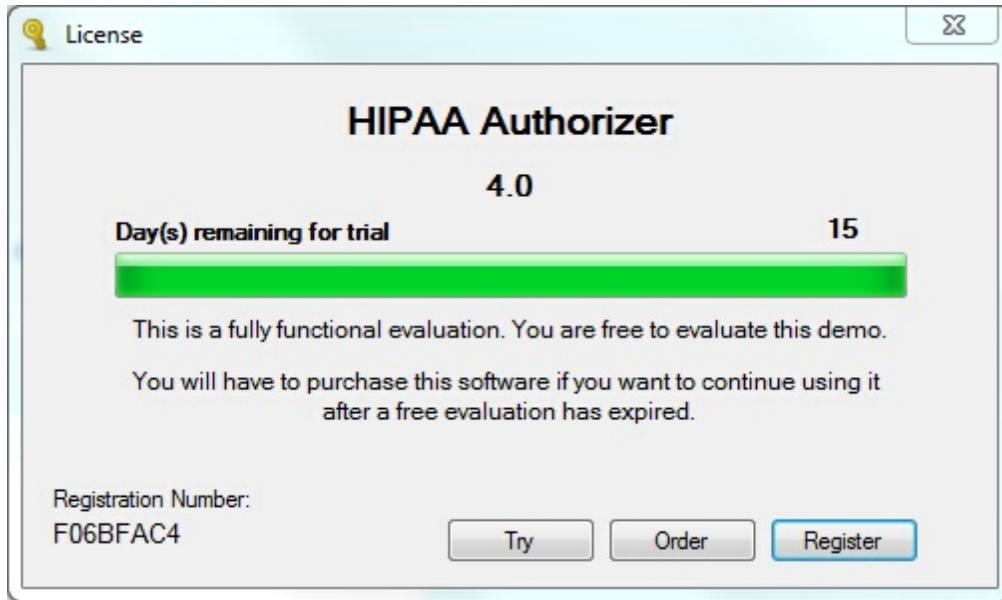
All the requests are loaded into the workplace grid and can be processed one by one.

1.2 Software Trial

The HIPAA Authorizer comes with a free trial of 14 days.

Should your trial time expire and you wish to continue your testing of the software, please send an email to info@HIPAAAsuite.com with the Registration number and we will give you a trial extension.

If the product is not registered and you start it, you will see first the trial screen.



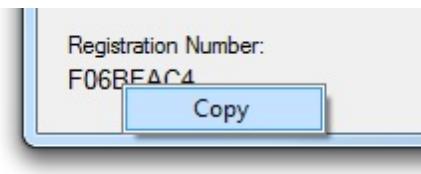
The Trial Screen

You can see clearly the registration number in the lower left hand corner.



The Registration number

This number is needed for the registration as well as trial extension. It is unique to your computer and hardware. **You can copy the registration number to the clip board, just hover with the mouse over it**, so that you can easily paste it into an email. This avoids human error. (There are no 'O', the letter in the number, only zeros!)



Copy the registration number to the Windows clip board by hovering over the it with the mouse

Once you have received the license key from us you click on the 'Register' button and the license registration form comes.



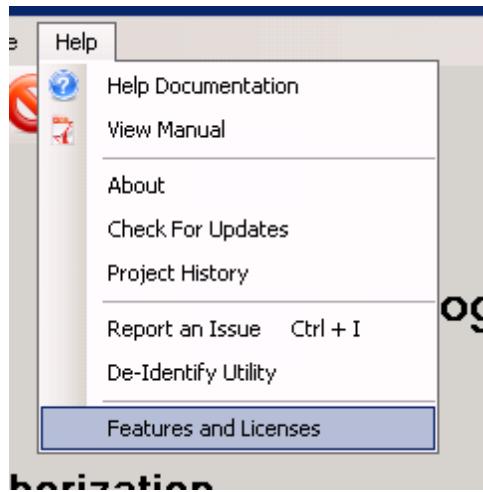
Entering the registration information

Enter the License Key as supplied in our email. It is best to copy and paste the information from our email.

Once the product is registered with a permanent unlock code, future upgrades will find this key and install without further action necessary.

1.3 Features and Licenses

The HIPAA Authorizer has several features that enhance its capabilities and can be licensed individually. When you click under the Help the menu item Features and Licenses



The 'Features and Licenses' menu

You will see the following form come up

The 'Features and Licenses' dialog box for the HIPAA Authorizer. It contains the following sections:

- HIPAA Authorizer**: Displays a license key: UYGM0-M0700-T6UVW-X8Z1W-4725C-JAF6X6PM2.
- Product Features:** A list of features with radio button controls and a 'Licensed' checkbox.
 - Image Creation**: Radio buttons for 'On' (selected) and 'Off'. Licensed checkbox is checked.
 - Work with Database**: Radio buttons for 'On' (selected) and 'Off'. Licensed checkbox is checked.
 - RealTime Client**: Radio buttons for 'On' (selected) and 'Off'. Licensed checkbox is checked.
- EDI Exchange:** Displays a license key: U2TS1-90B00-DZMBC-68EU4-1P1BIZ.
- A section with radio buttons for 'On' (selected) and 'Off' and a 'Request EDI Exchange License' button.
- Buttons:** 'Save', 'Registration Number: F8FDDBB3B', and 'Close'.

The 'Features and Licenses' form

Basic Version

The basic version of the HIPAA Authorizer has is capable in
request mode to

- Create 278 authorization requests
- To load and read 278 authorization responses

in **response mode** to

- Load 278 requests
- Create 278 response

This basic mode is quite limited but allows at a low cost to perform the most important task of the HIPAA Authorizer

Image Creation

The image creation feature allows to save the images of requests and responses into PDF or TIFF files. See the chapter on [image file creation](#).

Database Connectivity

The true power of the HIPAA Authorizer requires the support of a database to its functionality. This way the program can write requests and responses to a database, keep track of received transactions and join requests with responses. In addition the program saves which user created a responses and places a time stamp to this information. All the setup information is then also stored in the database and provider, requesters and subscribers that have been manually entered can be saved and recalled for future use, cutting down on the time it takes to create a request significantly.

Real-Time Client

The affordable care act mandated that payers add real-time capability to their systems to answer requests by providers instantaneously. In 2013, this capability was required for eligibility and claim status transactions, 2014 added claim payment and in 2016 we will see the authorization transactions added to this requirement. The mechanics of Real-Time are quite complex. The Coalition for Affordable Quality Healthcare (CAQH) developed the CORE standards that underlie this requirement. Two very different transport mechanism have to be supported in order to become CORE certified as a payer. There is the MIME/Multi-part standard which is relatively old and goes back to email transactions with attachments, the second mechanism is SOAP, the Service

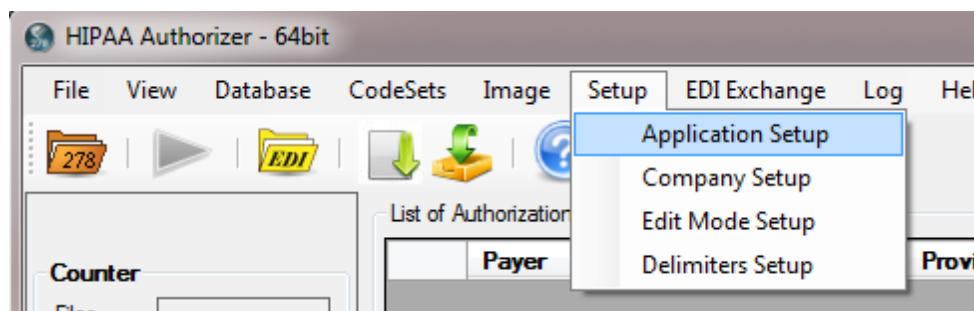
Oriented Architecture Protocol, which is XML based and increasingly used in the communication between disparate computer systems. HIPAA Suite supports both protocols. You can set up a trading partner's transaction delivery mechanism to either MIME and SOAP and thus instantly send a request and receive the answer within 20 seconds. EDI Exchange is required for this feature.

EDI Exchange

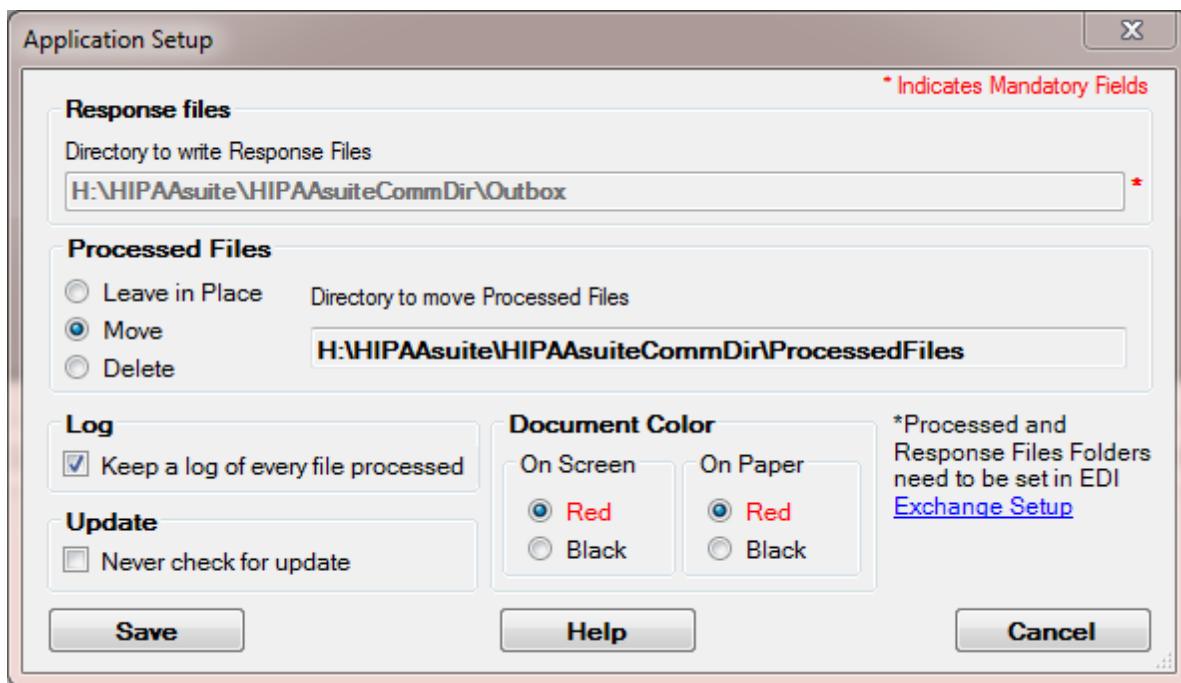
EDI Exchange is a module that all HIPAA Suite application can share. It deals with the management of trading partner relationships, EDI transport, encryption and logging of received and sent files.

1.4 Application Setup

Under the main menu item 'Setup' we find the item 'Application Setup'. When we click this, the following screen comes up:



The Application Setup menu



The Application Setup screen

Here we can setup up

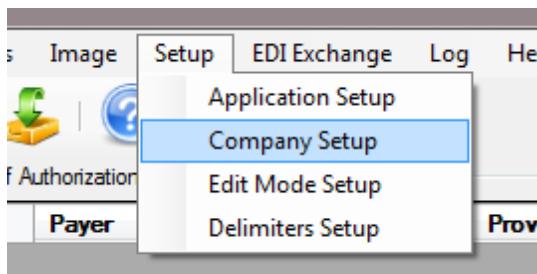
- the directory where response files are written to. (With EDI Exchange enabled, this directory is filled in automatically)
- the handling of processed files and the directory where they are moved to
- Whether manual operations are logged (command line processing is always logged)
- Whether the program checks for updates on start-up
- and, finally, the color of back ground elements in the display form

1.5 Company Setup

In order to create 278 response files the program needs to have your company setup with all the required information. This information is used for the 'Sender' information in EDI files.

If you have the feature 'Database' enabled, this information is stored in the CompanySetup Table, if you don't than the information is stored in the Windows registry.

The menu has under the subject 'Setup' the item 'Company Setup'.



Navigating to the company setup

The company setup screen

You can configure the following options:

- **Company Information**
- **EDI Version**
- **Contact Information**
- **ISA 14 and 15**

Read the detailed descriptions further.

1. Once you have finished editing the options, click "Save."

Company Information

- **Name** – Company name. Obligatory option.
- **Address 1**
- **Address 2**
- **City** – Obligatory option.
- **State** – Obligatory option.
- **ZIP**
- **Plus 4**
- **ISA Segment Sender Identification** – It is the most important option to choose. It identifies your organization for all EDI transactions. Most commonly the Qualifier "ZZ" and a free form ID up to 15 character in length is chosen. Other options include your tax ID and the Dun & Bradstreet ID.
- **Qualifier** – The ISA Identifier and qualifier are the unique key to the trading partner database file. The ISA identifier can be up to 15 bytes long, the qualifier has to be 2 bytes. Approved qualifiers are:
 - 01 – Duns (Dun & Bradstreet)
 - 14 – Duns Plus Suffix
 - 20 – Health Industry Number (HIN)
 - 27 – Carrier ID Number (Identification Number as assigned by HCFA)
 - 28 – Fiscal Intermediary ID Number (Identification Number as assigned by HCFA)
 - 29 – Medicare Provider and Supplier ID Number (Identification Number as assigned by HCFA)
 - 30 – U.S. Federal Tax ID Number (Identification Number)
 - 33 – NAIC Company Code (National Association of Insurance Commissioners Company Code)
 - ZZ – Mutually Defined
- **Application Sender's Code GS_2** – The option represents the program or machine that created the file. Usually the same as the ISA Segment Sender Identification.

You can select other ID if you need. Obligatory option. The GS_02 identifier is usually the same as the ISA identifier but you can also choose some other ID. It represents the program or machine that created the file, but the most common is a repetition of the ISA identifier.

- **Tax ID** – Obligatory option. Also called an Employer Identification Number (EIN).
- **Plan ID / Payor ID** – Fill in your Payer ID and Plan ID if you have one; this is only important for the 271 and 277 transactions. Optional setting.
- **Three letter identifier to prepend to all outgoing EDI files** – Optional setting. Makes your files easily identifiable.
- **Entity Type Code** - This code is only required for the 276/277 transaction in the STC_01-3 element

EDI version

Specify EDI version:

- **only 4010**
- **4010 if in original otherwise 5010**
- **only 5010**

Contact Information

The contact information goes into the PER segment of outgoing transactions:

- **Contact Person**
- **Telephone**
- **Ext**
- **Fax**
- **E-mail**

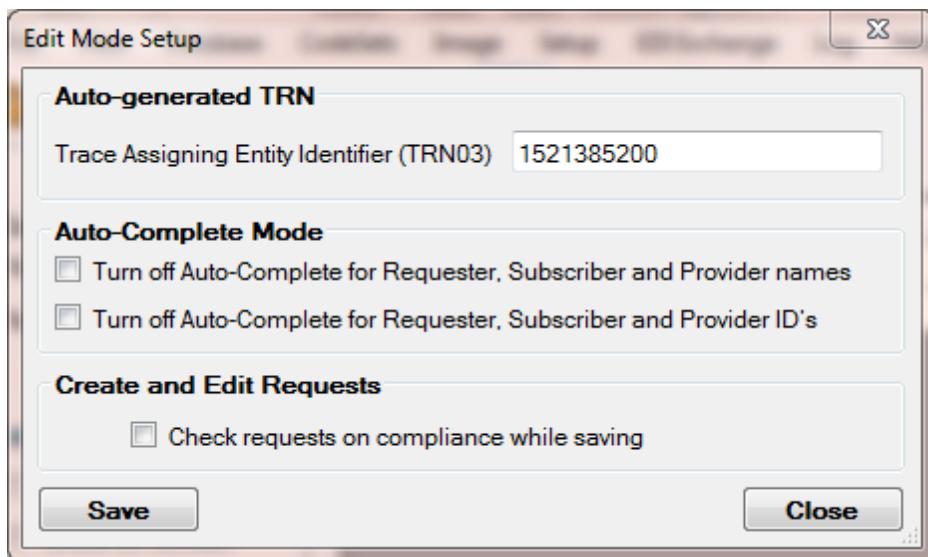
ISA 14 and 15

- **EDI files will be** – ISA element 14 determines if the resultant file contains test or production data:

- Test
- Production
- **Acknowledgement (TA1) req.** – ISA element 15 indicates whether you want a TA1 acknowledgement for files that you send out.

1.6 Edit Mode Setup

Here we can determine the behavior of the Create/Edit screens.



The Edit Mode Setup screen

The first element is the Entity identifier that is used in the TRN_03 element. Since it will be the same for all requests, it can be set here.

Next comes the auto complete behavior. If you save requesters, subscribers and providers, they will be available for auto-complete action unless you select here not to have the auto complete feature

Last is the option to check the requests for HIPAA EDI compliance. We feel that this is very important when creating request records that will be sent to another trading

partner.

1.7 Delimiters Setup

EDI is all about delimiters. By describing in the first 106 bytes of any EDI file which delimiters are used in the rest of the document the EDI file is machine readable. There are 4 delimiters used in HIPAA EDI.

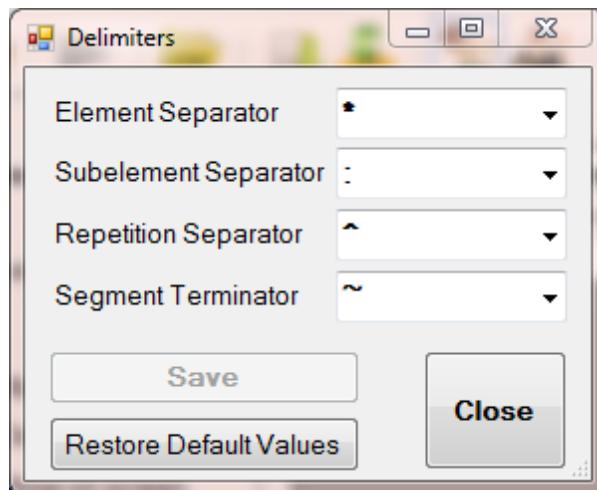
The element separator is the 4th byte of any EDI file. It separates the elements of the segments. All HIPAA Suite products default to * for the element separator.

The sub-element separator is defined in byte 105 and serves to divide elements further. HIPAA Suite default is the colon ':'

The Repetition separator is used since the 5010 version of EDI and indicated in ISA_11. Our default is the caret '^'

The segment separator is byte 106 and used to separate the individual segments of an EDI file. Our default is the tilde '~'.

HIPAA Suite products allow you to set the separators freely to any value that is allowed by the X12 committee. You use the following screen



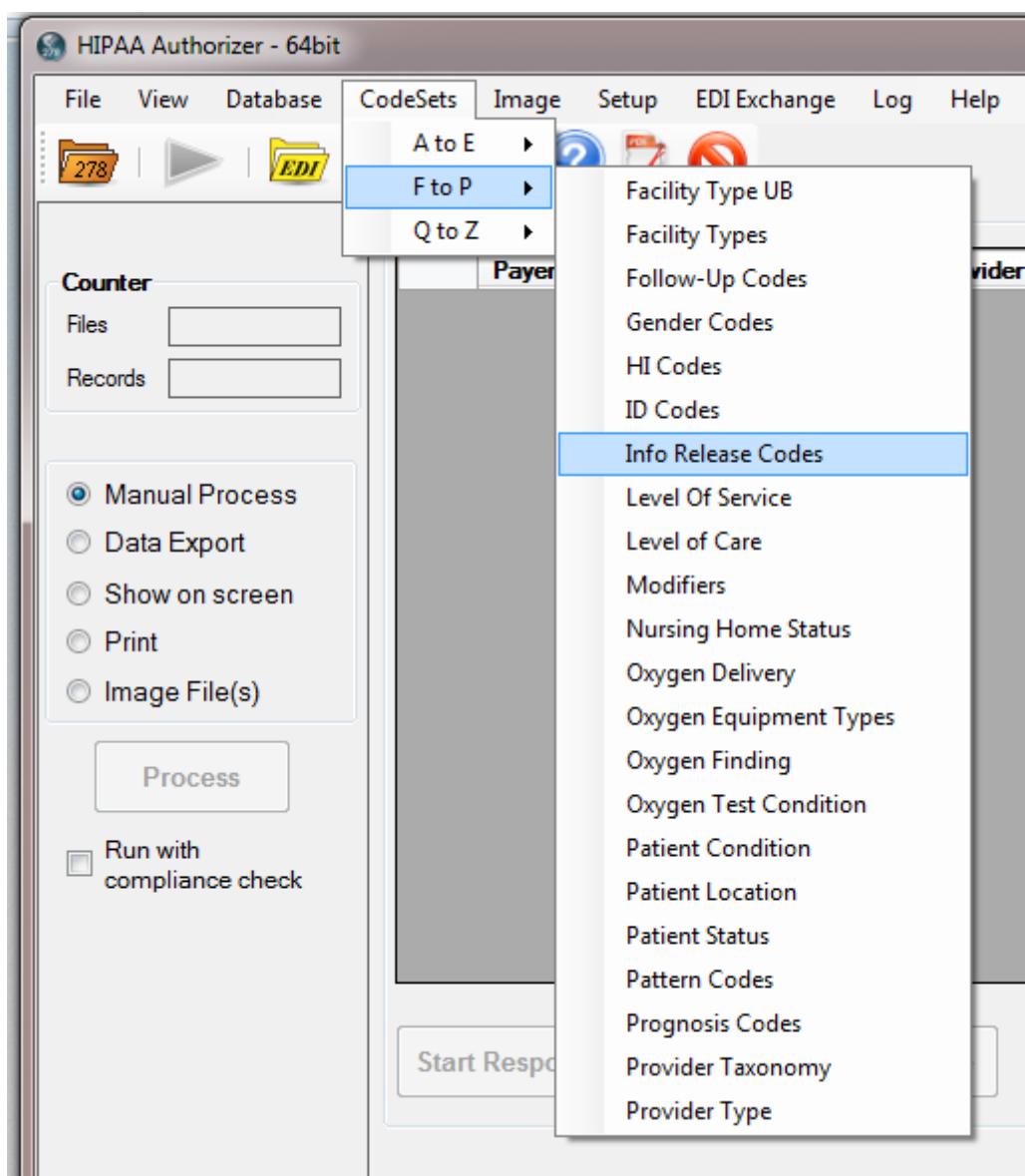
The delimiter screen

1.8 Code Maintenance

EDI relies on transaction code sets. These codes represent longer explanations and

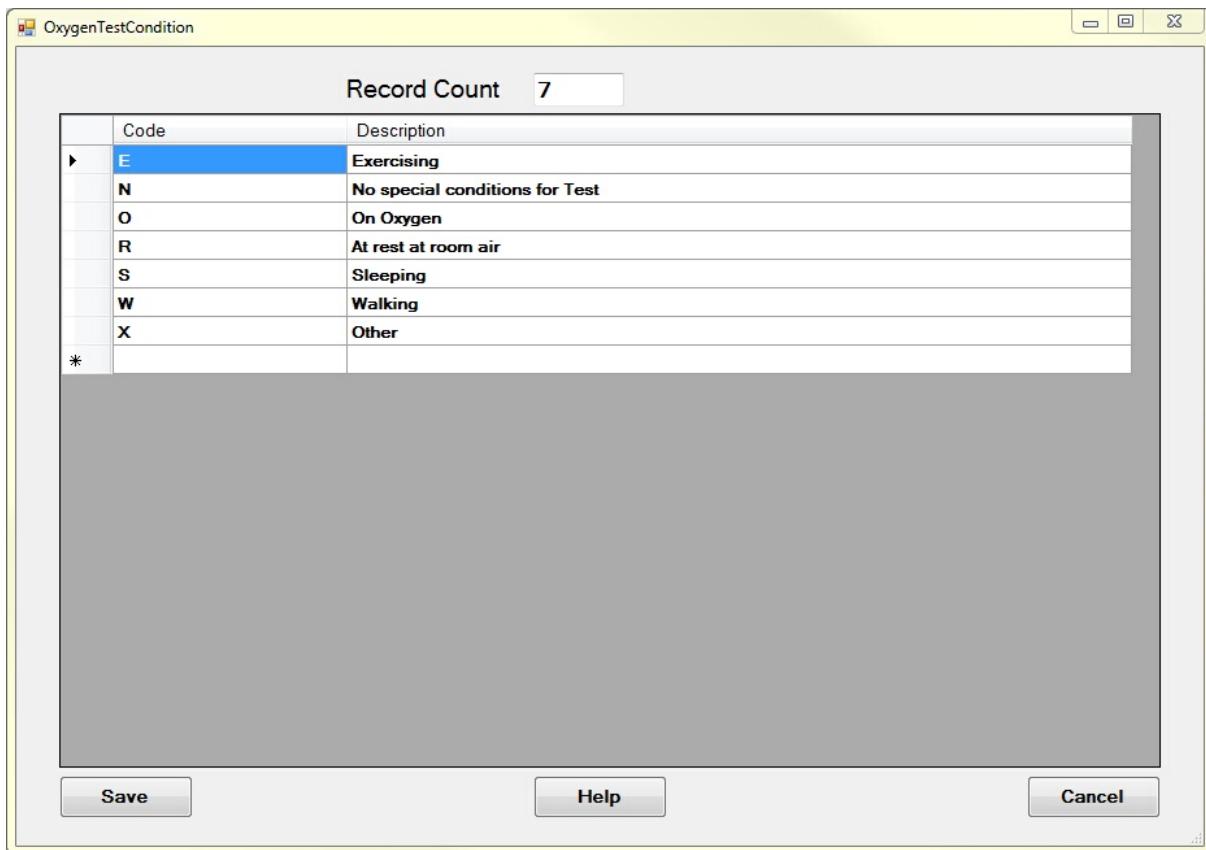
descriptions. At the onset of EDI one of the main design ideas was to make the EDI files as short as possible and to allow different languages to use the same descriptions by reducing long verbose explanations to 2-3 byte long codes. Computer storage was incredibly expensive and making any file larger than it absolutely had to was considered wasteful.

The main menu of the HIPAA Authorizer has the item 'Code Sets' Click on it and sub menus will lead you to the individual code sets that the HIPAA Authorizer uses. The code sets are stored in the file codesets.xml in the 'Configuration' subdirectory of the Program Data section of the HIPAA Authorizer, usually C:\ProgramData\HIPAAsuite \HIPAAClaimStatusResponder\Configuration\Codesets.xml



Selecting a Code Set for Display

If you click on a code set menu, the program will read all the specific codes and descriptions from the xml file CodeSets.xml. This file typically resides in C:\ProgramData\HIPAASuite\HIPAAAuthorizer



Viewing a Code Set

You can add, alter and delete codes.

1.9 The EDI Editor

Under the menu item 'View' you have the option 'EDI Editor' plus you have the EDI icon on the toolbar to invoke the EDI Editor.

EDI files are often hard to read, especially if they have no carriage returns and line feeds to put each segment on a line of its own.

When you have no file open than the file dialog box opens and you can navigate to the file that you wish to see.

When you have a file already opened, and you click this menu option, the editor will open and the following screen will appear

The screenshot shows a Windows application window titled "File: 278Request.edi". The menu bar includes File, Edit, View, and Help. Below the menu is a toolbar with icons for Open, Save, Print, Cut, Copy, Paste, and Delete. The main pane displays an EDI message structure. On the left, there is a tree view with nodes "ISA: 00000176", "GS: 176", and "ST: 00000176". The right pane contains the EDI data, which is a series of segments starting with ISA, GS, and ST, followed by various transaction and detail segments like PER, PRV, and DMG.

```
File: 278Request.edi
File Edit View Help
EDI | H | S | P | C | ? | X |
ISA: 00000176
GS: 176
ST: 00000176
1 ISA*00* *00* *ZZ*MMED0003 *ZZ*00510BC
*020501*1037*U*00401*000000176*0*T:~
2 GS*HT*MME0003*00510BC*20020501*1037*176*X*004010X094A1~
3 ST*278*000000176~
4 BHT*0078*13*176*20020501*1037~
5 HL*1**20*1-
6 NM1*X3*2*Great Benefit Plan*****PI*842610001~
7 HL*2*1*21*1-
8 NM1*1P*1*WELBY*MARCUS*J*Jr**24*097654322-
9 REF*1G*G64536-
10 PER*IC*Joan*TE*2065551212*FX*2065551213-
11 PRV*PC*ZZ*203BI0300Y-
12 HL*3*2*22*1-
13 DTP*431*D8*20020425-
14 H1*BK:599.0:D8:20020501-
15 NM1*IL*1* DOE*JOHN*P***MI*11122333301-
16 REF*6P*599119-
17 DMG*D8*19400816*M-
18 HL*4*3*19*1-
19 NM1*1T*1*FAWCETTE*JOHNATHAN*Q-
20 REF*1G*C73845-
21 N3*806 ST VINCENTIUS DRIVE*SUIT 500-
22 N4*BELLINGHAM*WA*95487-
23 PER*IC**TE*2065551214-
24 PRV*PE*ZZ*246ZV0500N-
25 HL*5*4*SS*0-
26 TRN*1*176*1630932323-
27 UN*SC*I*73*11:A*****Y-
28 PWK*11*BM***AC*Doe-5-1-02-UTest*Urinalysis Test-
29 SE*27*000000176-
30 GE*1*176-
31 IEA*1*000000176-
32
```

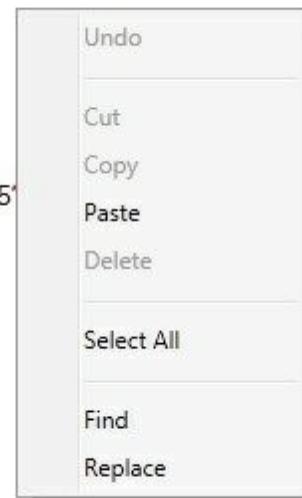
The EDI Editor

When you right-click anywhere in the text, a floating menu will appear with typical text edit options such as cut, copy and paste,

```

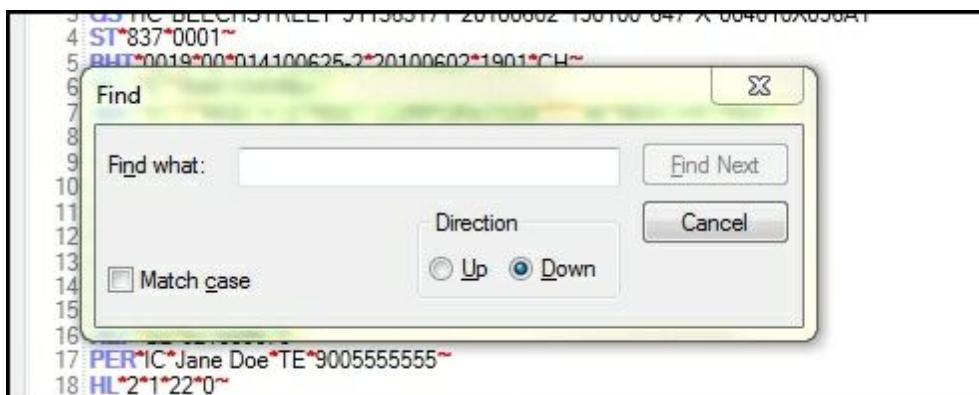
12 N4*ANYTOWN*MD*21299~
13 REF*1C*895465~
14 HL*2*1*22*0~
15 SBR*P*18*****MB~
16 NM1*IL*1*Nosmith*Herman****MI*654621234A~
17 N3*10 9th Avenue~
18 N4*Nanachut*MD*13747~
19 DMG*D8*19201225*M~
20 NM1*PR*2*XYZ Carrier Services Inc****PI*895675~
21 CLM*765992*65***11::1*Y*A*Y*Y*C~
22 HI*BK:2749~
23 NM1*82*1*Wellmaker*John****34*987121234~
24 PRV*PE*ZZ*203BF0100Y~
25 REF*1G*A54321~
26 LX*1~
27 SV1*HC:99213*65*UN*1***1**N~
28 DTP*472*D8*20010315~
29 REF*6R*C1~
30 HL*3*1*22*0~
31 SBR*P*18*****MB~
32 NM1*IL*1*Melville*Hermione****MI*987654321A~

```



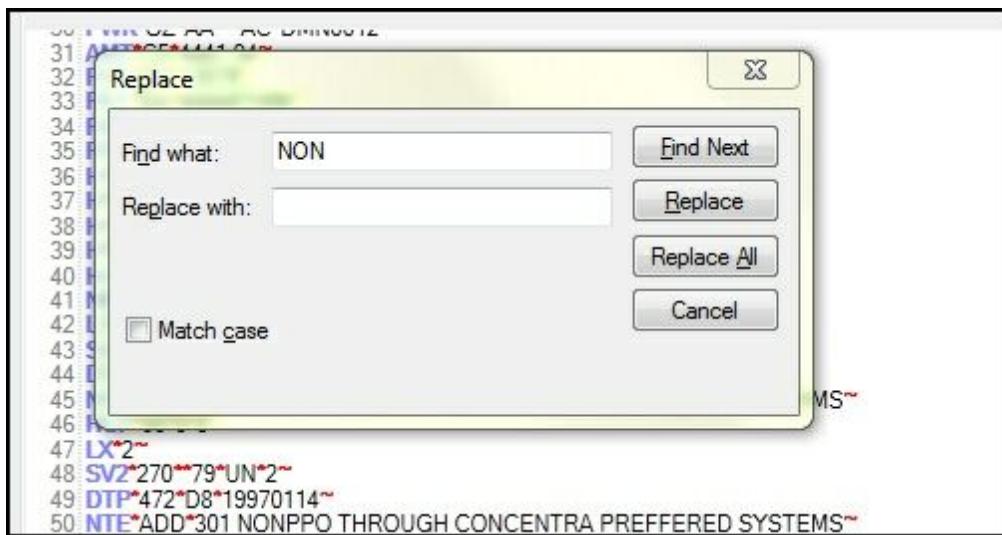
The floating menu of the EDI editor. right-click anywhere in the text to make it appear

Typing Ctrl-F brings up the text search utility



The search utility

Ctrl-H will bring up the replace utility

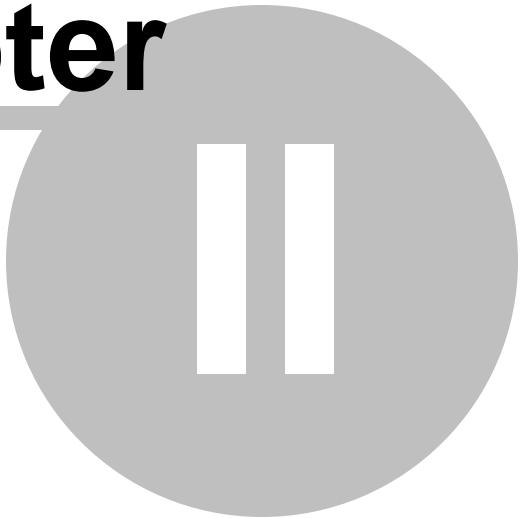


The Find and Replace utility

If you make changes to the file, the 'Save' button becomes enabled and you can save any changes. The HIPAA Authorizer will further on work with those changed files, you don't have to open the file again.

Changing EDI files can be a tricky undertaking. You should be experienced in the format of the 278 and understand that an 278 claim file could be a legal document that should not be altered without the consent of the originator.

Chapter



2 Creating Authorization Requests

2.1 Request Mode

The HIPAA Authorizer has two modes: Request Mode and Response Mode, serving the two manifestations of the 278 transaction. We can select the Request mode in two ways

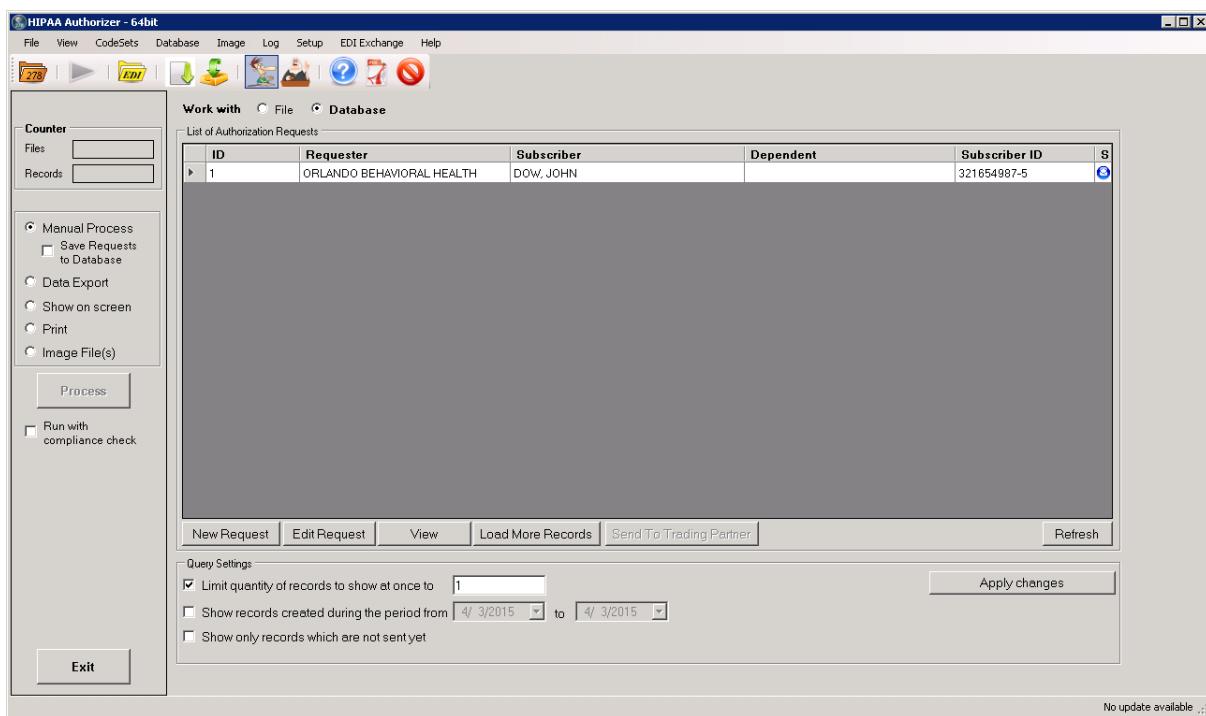
1. When the program starts we click on the image of the begging requester.



2. We select the requester icon on the task bar on top



When we select the 'Request Mode' we will see the following main form



The main form in request mode

In the center of the form we see the workplace grid. Here you will see all the requests that are manually entered, loaded from files or loaded from the database. This workplace grid is the central part of the software, from here you can enter new requests, edit existing requests, view requests in a printable form and see the status of individual requests, whether they passed compliance check, are written to file, have been sent to a trading partner who is supposed to receive them or whether a response has been received. Right-clicking the workplace grid is a quick way to access any of these functions for a selected record.

In Request Mode we have two initial options when the form loads, we can work with the database, if it is licensed or we can work from files and load previously created 278 requests. These requests could conceivably be created with other applications. Or of course we can start with a clean slate and create new request from scratch



The options to load requests either from file or from the database

Below the workplace grid you see three check marks with conditions that control what and if records are shown in the grid.

1. Limit the quantity or requests that are displayed per page.

2. Show records based on a date range
3. Show only records which are not sent yet

The query settings naturally apply only when we work with the database.

The last column contains an image representing the status of the request.

- ✓ A green check mark means that the request is HIPAA compliant and saved.
- ✗ A red circle with a bar through it indicates that the record has not passed the compliance check
- ✉ A red envelope means that the send process failed
- ✉ A blue envelope signifies that the request was successfully sent to the trading partner.
(this is the status in the above image)
- 👍 A green Thumbs Up means that the request has been accepted.
A 999 Functional Acknowledgment stating this has been received should be readied the Trading Partner within one hour.
- 👎 A red Thumbs Down means that the request has been rejected.
This could mean a 999 with a rejection has been received or the response indicated such.
- ✉ A yellow envelope with a green return arrow indicates that a response has been received
- 🔗 A broken chain link indicates that a response was loaded for which the request could not be found

You can use the buttons to either create a new request, Edit the request that is highlighted, View the request in a form and write the request to file and send it to a trading partner. Double clicking a line in the workplace grid will pop-up a view of the request in a printable form. If a response has been received then the response will show.

2.2 Starting a new Request

To begin a new request one can either click on the "New Request" button or use the menu under 'File' --> 'New Request'. Then this screen will appear

The screenshot shows the 'Create Request' application window with the 'Requester Info' tab selected. The interface is divided into several sections:

- Requester Info:** Contains fields for 'Last/Organization Name', 'First Name', 'Middle Name', and 'Suffix'. It also includes dropdowns for 'Entity Type' and 'ID Type'.
- Subscriber-Patient:** Contains fields for 'Address (N3, N4)', 'City', 'State', 'Zip', 'Country Code', and 'Subdivision'.
- Patient Event Level:** Contains fields for 'Contact' (with sub-fields for 'Phone', 'Extension', and 'Fax'), 'Email', and 'URL'.
- Provider Info:** Contains fields for 'Provider Code' and 'Specialty'.
- Other UMO:** Contains a table for 'Additional Identifiers (REF)' with columns for 'ID Qualifier' and 'ID Code'. It includes an 'Add' button and a 'Delete' button.
- Service Event Level:** Not visible in the screenshot.

At the bottom of the window are buttons for 'Save', 'Done', and 'Save Requester into Database'.

The new request screen

This screen is structured according to the 278 implementation guide. Each screen represents a loop or segment of the EDI file. The 278 transaction is after the 837 the most complex of the HIPAA EDI transaction sets. The reason is that it serves many medical specialties with disparate needs.

The level 2000A, the Utilization Management Organization (UMO) level is the receiver of this request message and represented by the destination trading partner and managed in the trading partner screen. We therefore have no screen for it here.

2.3 Requester screen

The Requester Info screen contains the information of loop 2010B. This loop consists of an Name (or NM1 segment), the address information (N3 and N4 segments), Contact information (PER segment), provider specialty (PRV segment) and additional provider identifiers (REF segments).

Once filled out, the Requester information can be saved to the database for future reuse.

Requesting Physician				
Last/Organization Name	First Name	Middle Name	Suffix:	
Entity Type:	ID Type:	ID		
Address				
City	State	Zip	Country Code	Subdivision
Provider Code	Specialty			
Contact:	Phone:	Extension:	Fax:	
Email:	URL:			
Additional Identifiers:				
ID Qualifier	ID Code	ID Type	Add	Delete
<input type="button" value="Save Requester into Database"/>				

The Requester screen

The requester is typically a provider who want to establish insurance coverage for a certain procedure. Alternatively there are third party organizations that specialize in authorizations and create them for others. Usually the requester is the person getting the response back.

The above screen has fields for name and address, provider type and specialty, identifiers and contact information. The fields are pretty much self explanatory. Next to the specialty field is a button that when clicked will bring up a list with all provider taxonomy codes and their descriptions.

Codes	
Code	Description
101YP2500N	Counselor, Professional
101YS0200N	Counselor, School
103GC0700N	NeuroPsychologist, Clinical
103S00000N	Psychoanalyst,
103SA1400N	Psychoanalyst, Associate
103SA1800N	Psychoanalyst, Affiliate
103T00000N	Psychologist,
103TA0400N	Psychologist, Addiction (Substance Use Disorder)
103TA0700N	Psychologist, Adult Development and Aging
103TB0200N	Psychologist, Behavioral
103TC0700N	Psychologist, Clinical
103TC1900N	Psychologist, Counseling
103TC2200N	Psychologist, Child, Youth and Family
103TE1000N	Psychologist, Educational
103TE1100N	Psychologist, Exercise and Sports
103TF0000N	Psychologist, Family
103TF0200N	Psychologist, Forensic
103TH0100N	Psychologist, Health
103TM1700N	Psychologist, Men and Masculinity
103TM1800N	Psychologist, Mental Retardation and Developmental Disabilities
103TP2700N	Psychologist, Psychotherapy
103TP2701N	Psychologist, Psychotherapy, Group
103TR0400N	Psychologist, Rehabilitation
103TS0200N	Psychologist, School

The specialty or taxonomy screen

The requester information can be stored in the database and recalled for the next transaction. In the bottom right corner of the screen is the button "Save Requester to Database". This will save the entry to the table 'Authrequester'. The next time one types into the last name field or the ID field, previously stored records appear as a drop down choice and will fill all the fields that have been saved.

2.4 Subscriber-Patient screen

The subscriber screen consists of several parts. When we look at the complete screen we see a tabbed control on top with the subscriber and if different the patient information plus some diagnostic information.

Patient Information						
Subscriber		Additional Patient Information				
Relationship (INS)		Subscriber Name (NM1)				
<input checked="" type="checkbox"/> Subscriber is a patient		Last Name	First	Middle	Suffix	
Employment Status		SMITH	JOE			
AO - Active Military - Overseas		ID Type:	ID			
Address (N13, N4)		MI - Member ID Number	12345678901			
Address		PO BOXSUB 171021	TEST ADDRESS2			
City		KANSAS CITY	State	Zip	Country Code	Subdivision
SY - Social Security Number		MO - Missouri	64108			
Additional Identifiers (REF):						
ID Qualifier	ID Code	ID Type				
SY - Social Security Number	123456789	ID Code				
Demographic Information (DMG)						
DOB	03/22/1958	Sex	M - Male	Reject at Subscriber Level		
Health Information						
Accident Date	Onset of Symptoms	Event Date	Admission Date	Discharge Date	Last Menstrual	Estimated Birth
04/30/2005	04/15/2005	05/16/2005	05/05/2005	05/09/2005	03/12/2005	11/30/2005
Diagnosis Type		Diagnosis			Diagnosis Date	
BF - Diagnosis (ICD-9-CM)		41090			04/15/2005	

The subscriber screen

Let's look first at the subscriber part:

Relationship (INS) <input checked="" type="checkbox"/> Subscriber is a patient Employment Status Address (N3, N4) Address City State Zip Country Code Subdivision	Subscriber Name (NM1) Last Name First Middle Suffix ID Type: * ID								
Additional Identifiers (REF): <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">ID Qualifier</td> <td style="width: 30%;">ID Code</td> <td style="width: 20%;">ID Type</td> <td style="width: 20%; text-align: right;">Add</td> </tr> <tr> <td colspan="2"></td> <td>ID Code</td> <td style="text-align: right;">Delete</td> </tr> </table>		ID Qualifier	ID Code	ID Type	Add			ID Code	Delete
ID Qualifier	ID Code	ID Type	Add						
		ID Code	Delete						
Demographic Information (DMG) DOB Sex Save Subscriber into Database									

The part of the form dealing with the subscriber information

Most fields are self-explanatory. Fields such as Employment Status, Country Code and Subdivision are normally not required or used. The information can be saved into the database in the table 'Authsubscribers'. Once you start typing in the last name field, a drop down appears where you can select previously saved subscribers. In the top left corner is a check mark "Subscriber is Patient". When this is unchecked, the tab with the dependent information appears.

Subscriber	Dependent	Additional Patient Information								
Last DOE DOB 12/19/1988 Sex F - Female	First JANE Relationship 19 - Child	Middle K Birth Order Zip Country Code Subdivision								
Address City State Zip Country Code Subdivision										
Additional Identifiers: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">ID Qualifier</td> <td style="width: 30%;">ID Code</td> <td style="width: 20%;">ID Type</td> <td style="width: 20%; text-align: right;">Add</td> </tr> <tr> <td colspan="2"></td> <td>ID Code</td> <td style="text-align: right;">Delete</td> </tr> </table>			ID Qualifier	ID Code	ID Type	Add			ID Code	Delete
ID Qualifier	ID Code	ID Type	Add							
		ID Code	Delete							
Save Dependent into Database										

The dependent screen

Again, here the fields are self explanatory. Dependent data can be saved to the database for later retrieval just like the subscriber information.

The last tab is called "Additional Patient Information". Here we have space for a free-form text message and notices of additional paperwork and reports that are separate from this request such as X-rays or diagnostic reports.

Subscriber	Dependent	Additional Patient Information		
Text Message				
<div style="height: 100px; border: 1px solid #ccc;"></div>				
Paper Work				
	Report Type	Transmission	Control Number	Description
*	<input type="text"/>	<input type="text"/>		

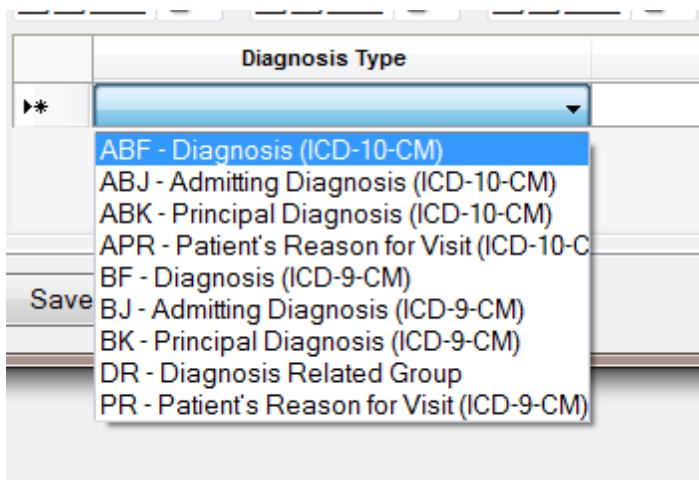
The Additional Patient Information tab

Lastly at the bottom of the screen are dates relevant to the request and a grid for diagnostic codes.

Health Information							
Accident Date	Onset of Symptoms	Event Date	Admission Date	Discharge Date	Last Menstrual	Estimated Birth	
<input type="text"/> <input type="button" value="..."/>							
	Diagnosis Type		Diagnosis		Diagnosis Date		
*	<input type="text"/>						

Health Information at the bottom of the Subscriber screen

The dates speak for themselves, the diagnosis codes need more explanation. At the time of this writing, January 2014, the US health system is transitioning from ICD-9 to ICD-10 codes. To clearly mark codes the first field in the diagnosis grid has a pull-down menu to select the diagnosis code type.

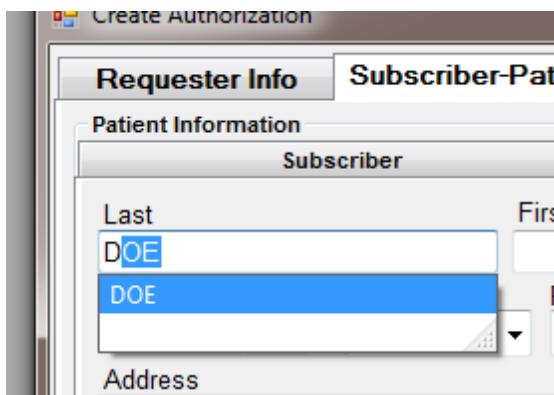


The different diagnosis code types to choose from

2.5 Subscriber-Patient Auto complete

As with the requester, the program can keep track of previously entered persons and recall them for time-saving data entry.

When you type in the Name or Id field you will be confronted with previously entered patients and subscribers.



When you select the record, the information is filled in

Subscriber	Dependent	Additional Patient Information		
<input type="checkbox"/> Subscriber is a patient	Last Name DOE	First JOHN	Middle J	Suffix III
ID Type: MI - Member ID Number	ID 3258579	DOB 10/10/1960	Sex M - Male	Employment Status RU - Retired Military - USA
Address				
City	State	Zip	Country Code	Subdivision
Additional Identifiers:				
ID Qualifier HJ - Identity Card Number IG - Insurance Policy Number	ID Code DOE-3124G D8837342-DOE	ID Type	Add	Delete
Save Subscriber into Database				

2.6 Patient Event Level

2.6.1 Review Request Screen

The third main tab is call "Specialty Review" and contains quite a few sub screens. First when we click on this tab we see the following screen:

Requester Info		Subscriber-Patient		Patient Event Level		Provider Info		Other UMO		Service Event Level	
Review	Delivery	Ambulance	Chiropractor	DME	Oxygen	Activities/Limitations	Mental Status	Home Health			
Health Care Services Review Information (UM)											
Request Category		Certification Type		Bill Type							
<input type="text"/> Service Type		<input type="text"/> * Certification Type		<input type="text"/> * Bill Type							
<input type="text"/> Facility Type		<input type="text"/> Related Causes		<input type="text"/> Accident State		<input type="text"/> Accident Country					
<input type="text"/> Service Level		<input type="text"/> Current Condition		<input type="text"/> Prognosis		<input type="text"/> Delay Reason					
<input type="text"/> Info Release		<input type="text"/> Other References		<input type="text"/> Previous Certification ID		<input type="text"/> Previous Administrative Reference ID					
Trace Numbers											
<input type="text"/> Trace Number		<input type="text"/> Entity ID		<input type="text"/> Additional Entity ID							

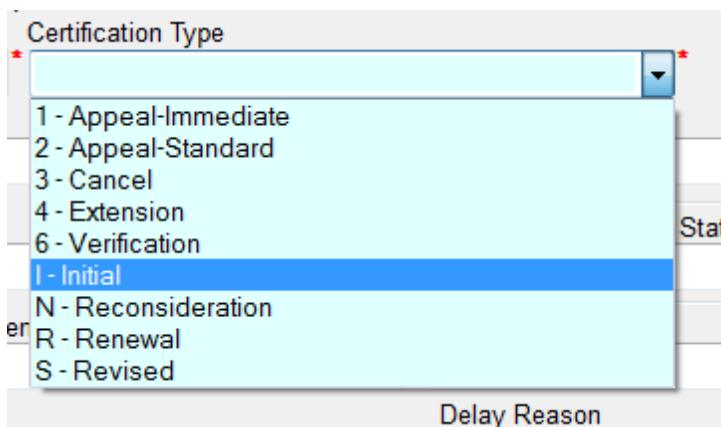
The Specialty Review-Review screen

There are 9 individual sub tabs on this screen. The first one, Review, is visible above. The information in the top frame goes into the UM segment with the first two elements, Request Category and Certification Type being required fields.

The choices are all narrowed down to the values in the drop down lists of the fields.

Health Care Services Review Information (UM)	
Request Category	
<input type="text"/> AR - Admission Review	
<input type="text"/> HS - Health Services Review	
<input type="text"/> IN - Individual	
<input type="text"/> SC - Specialty Care Review	

The choices for Request Category



A second frame contains previous certification ID's which will be represented by REF segments and when the institutional bill type is chosen a third frame appears with institutional claim codes. Usually Admission Type and Admission Source are needed for a valid request with the institutional bill type. This information will create the CLI segment

Institutional Claim Codes			
Admission Type	Admission Source	Nursing Home Residential Status	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Patient Status <input type="text"/>			

Lastly the Trace elements are displayed. They belong into the TRN segments and are used to re-associate the response with the request.

Trace Numbers		
Trace Number	Entity ID	Additional Entity ID
<input type="text"/>	<input type="text"/>	<input type="text"/>

2.6.2 Health Service Delivery

Health Service Delivery, which is stored in the HSD segment, can further explain and narrow the service for which authorization is sought. Here one can express delivery specific information for example 6 visits within 6 months, or delivery details like "Monday, Wednesday and Friday in the morning"

Health Care Services Delivery

Quantity	Quantity Qualifier	per	Time Frame	for
Number of Periods	Time Period Qualifier			
Delivery Pattern	Delivery Pattern Time			

Content of the Delivery tab

Examples of valid Delivery of Care conditions

The following values represent “One visit per every three days for 21 days”

Review Delivery Ambulance Chiropractor DME Oxygen Activities/Limitations Mental Status

Health Care Services Delivery

Quantity	Quantity Qualifier	Time Frame	for
1	VS - Visits	3	DA - Days
Number of Periods	Time Period Qualifier		
21	7 - Day		

Here values for "1 visit on Wednesday and Thursday in the morning"

Review Delivery Ambulance Chiropractor DME Oxygen Activities/Limitations Mental Status

Health Care Services Delivery

Quantity	Quantity Qualifier	Time Frame	for
1	VS - Visits		
Number of Periods	Time Period Qualifier		
Delivery Pattern	Delivery Pattern Time		
SX - Wednesday and Thursday	D - A.M.		

2.6.3 Ambulance Service

The tab for ambulance review is quite complex. Several segment flow into this.

Review	Delivery	Ambulance	Chiropractor	DME	Oxygen	Activities/Limitations	Mental Status	Home Health																				
Ambulance Conditions <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p>The above conditions</p> <p><input checked="" type="radio"/> Apply <input type="radio"/> Do not Apply</p>																												
Ambulance Transport Information <table border="1"> <tr> <td>Weight</td> <td>Unit</td> <td>Ambulance Transport Code</td> <td>Description of Trip Purpose</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Distance</td> <td>Unit</td> <td>Ambulance Transport Reason</td> <td>Justification for Stretcher Use</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>									Weight	Unit	Ambulance Transport Code	Description of Trip Purpose	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Distance	Unit	Ambulance Transport Reason	Justification for Stretcher Use	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Weight	Unit	Ambulance Transport Code	Description of Trip Purpose																									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																									
Distance	Unit	Ambulance Transport Reason	Justification for Stretcher Use																									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																									
Transport Locations <table border="1"> <tr> <td>Pick-up Location</td> <td>Drop-off Location</td> <td>Final Scheduled Destination</td> <td>Next Destination</td> <td>Next Scheduled Destination</td> </tr> <tr> <td>Name</td> <td colspan="4">Address</td> </tr> <tr> <td></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td></td> <td>City</td> <td>State</td> <td>Zip</td> <td><input type="text"/></td> </tr> </table>									Pick-up Location	Drop-off Location	Final Scheduled Destination	Next Destination	Next Scheduled Destination	Name	Address					<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		City	State	Zip	<input type="text"/>
Pick-up Location	Drop-off Location	Final Scheduled Destination	Next Destination	Next Scheduled Destination																								
Name	Address																											
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																								
	City	State	Zip	<input type="text"/>																								

The Ambulance tab

On top we have the ambulance conditions from the CRC*07 segments. Here are descriptors for the patient's condition that justify the use of an ambulance.

Next is the ambulance transport information that goes into the CR1 segment and lastly are 5 locations that are connected to ambulance service such as pick-up and drop-off from the loop 2010EB

2.6.4 Chiropractic Services

The Chiropractor tab has the necessary information to request the care of a chiropractor.

Review	Delivery	Ambulance	Chiropractor	DME	Oxygen	Activities/Limitations	Mental Status	Home Health
Spinal Manipulation Service Information								
Treatment Series <input type="text"/>	Treatment Count <input type="text"/>	Subluxation Level <input type="text"/>	Subluxation Level Code II <input type="text"/>					
Nature of Condition <input type="text"/>		Complication Indicator <input type="text"/>	Are X-Rays available <input type="text"/>					
Patient Condition Description <input type="text"/>								
Patient Condition Description II <input type="text"/>								
Chiropractic Certification Information <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>								
The above conditions <input checked="" type="radio"/> Apply <input type="radio"/> Do not Apply								

The Chiropractor screen

In the upper part is information for the CR2 segment which list subluxation levels and conditions. The lower part has more condition codes that go into the CRC*08 segment

2.6.5 Durable Medical Equipment

Durable Medical Equipment (DME) such as hospital beds, wheel chairs and such need their own justification and authorization. For this purpose we have a CRC segment with the qualifier 09.

Review	Delivery	Ambulance	Chiropractor	DME	Oxygen	Activities/Limitations	Mental Status	Home Health
Durable Medical Equipment Conditions								
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>								
The above conditions								
<input checked="" type="radio"/> Apply <input type="radio"/> Do not Apply								

Durable Medical Equipment screen

This information forms the CRC*09 segment and help justify the expense of durable medical equipment such as wheelchairs.

2.6.6 Oxygen Therapy

Oxygen Therapy is most of the time done at home. Patients with severe breathing problems and diminished lung function are equipped with oxygen bottles or generating equipment. The screen consists of two parts, the first part lists the conditions necessitating the oxygen therapy

Oxygen Therapy Conditions	Home Oxygen Therapy Information
Conditions requiring Oxygen Therapy	
<input type="text"/>	
<p>The above conditions</p> <p><input checked="" type="radio"/> Apply <input type="radio"/> Do not Apply</p>	

Oxygen Condition Codes

The information in this part of the oxygen screen goes into a CRC segment with the qualifier '11'

The second half of the screen is more specific to the home oxygen therapy and equipment

Oxygen Therapy Conditions		Home Oxygen Therapy Information	
Oxygen Equipment			
Oxygen Equipment Type 1	Oxygen Equipment Type 2	Equipment Reason Description	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Oxygen Use			
Oxygen Flow Rate (Liters/Minute)	Daily Oxygen Use Count	Number of Hours per Use	Blood Gas
<input type="text"/>	<input type="text"/>	<input type="text"/>	Arterial Blood Gas Qty <input type="text"/>
Description		Oxygen Saturation Qty <input type="text"/>	
Oxygen Test			
Oxygen Test Findings 1 to 3			
Oxygen Test Condition	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Portable Oxygen Equipment			
Portable Oxygen System Flow Rate (liter/min)	Oxygen Delivery System	Oxygen Equipment Type	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Oxygen Therapy Information

Information from here goes into the CR5 segment. Available values are in the drop down lists and should be self explanatory for the specialists in this field

2.6.7 Functional Limitations

Often a request for medical services has to be justified with the patients condition. The functional limitation and permitted activities screen serves just this purpose. Here are two frames with such information.

Functional Limitations
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
The above conditions
<input checked="" type="radio"/> Apply <input type="radio"/> Do not Apply
Permitted Activities
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
The above conditions
<input checked="" type="radio"/> Apply <input type="radio"/> Do not Apply

Functional Limitations and Permitted Activities

The top frame lists functional limitation that will go into a CRC segment with the qualifier '75', the bottom frame list activities that the patient is permitted to do and form the segment CRC*76.

2.6.8 Mental Status

Another list of conditions that can afflict a patient are mental conditions. For the authorization of mental health services it is important to convey the mental status of a patient. The following screen does that

Mental Status Information

The above conditions

Apply Do not Apply

Mental Status information

Mental Status Information is represented in the CRC*77 segment. You can choose from 5 different mental status that either apply or no apply

2.6.9 Home Health Services

The last tab on the specialty review level is home health. This tab lists conditions and procedures that are administered at home and not at the office. Services range from a temporary rehabilitation to hospice care for terminally ill patients.

Home Health Care Information

Prognosis	Home Health Start Date	Home Health Certification Period
	<input type="text"/> / <input type="text"/> / <input type="button"/>	From <input type="text"/> / <input type="button"/> To <input type="text"/> / <input type="button"/>
Certification Type	Related Surgery Date	Physician Order Date
	<input type="text"/> / <input type="button"/>	<input type="text"/> / <input type="button"/>
Medical Procedure Identifier	Type	Last Visit Date
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="button"/>
Patient Location		Physician Contact Date
		<input type="text"/> / <input type="button"/>
		Last Admission Period
		From <input type="text"/> / <input type="button"/> To <input type="text"/> / <input type="button"/>

The Home Health screen

The Home Healthcare segment, CR6, has up to 17 fields. Prognosis, Home Health Start Date, Certification Type Code and MediCare Indicator are the only required ones.

2.7 Providers

The 278 transaction allows for up to 14 providers in loop 2010EA. The HIPAA Authorizer allows for three whose information can be transmitted in the request. For this we have the following screen

Requester Info		Subscriber-Patient		Specialty Review		Provider Info		Other UMO		Service Detail	
	Provider Type			Name		ID Type		Provider ID			
Provider Information Provider Type <input type="button" value="▼"/> ID Type <input type="button" value="▼"/> ID <input type="button" value="Add Provider Info"/> Last Name <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/> Address <input type="text"/> City <input type="text"/> State <input type="button" value="▼"/> Zip <input type="text"/> Provider Code <input type="button" value="▼"/> Specialty <input type="button" value="..."/> Contact <input type="text"/> Phone: <input type="text"/> Extension: <input type="text"/> Fax: <input type="text"/> Email: <input type="text"/> URL: <input type="text"/> ID Qualifier <input type="text"/> ID Code <input type="text"/> License No/State Code * <input type="button" value="▼"/>											

The provider screen

The screen above contains all the information that goes into loop 2010EA of the transaction set. We see the name and ID, the address, contact and specialty information. Information entered here will also apply to the detail level. Note that you have to click on the "Add Provider Info" button to add the information to the request. Only when you see the provider in the grid on top of the form will it be in the transaction.

2.8 Other UMO

Authorizations and review requests can be denied and the requester, be it a patient or provider can ask for a reconsideration or a second opinion. But in order to convey previous denials there is a screen where the other UMO's that denied the request earlier are entered.

Other UMO Type	Name	Denial Reason	Denial Date

Other UMO Information

Other UMO Type	Denial Date	Add Other UMO Info
<input type="text"/>	<input type="text"/> <input type="button"/>	<input type="button"/>
UMO Name	<input type="text"/>	
Main Denial Reason	<input type="text"/>	
Additional Denial Reasons	<input type="text"/> <input type="text"/> <input type="text"/>	

The 'Other UMO' screen

The information consists of the name of the UMO and up to 4 denial reasons and a denial date. Up to three other UMO's can be listed. Note that you have to click on the "Add Other UMO Info" button to add the information to the request. Only when you see the UMO in the top grid will it be in the transaction. Loop 2010EC contains this information.

2.9 Service Event Level

2.9.1 Service Detail

The information in the service detail loops is not required. A simple authorization request does not need to have service detail information in it and your trading partner should tell you in the beginning when you set up the relationship, whether they want detail information and to what extent. In the database the detail information is stored in the EDI_AuthorizerDetail table. If no detail information is present then there will be no record in this table.

The service detail in loop 2000F of the 278 transaction can transmit a variety of information segments. When you click on the "Service Detail" tab in the main tab control you will see the following screen:

Requester Info	Subscriber-Patient	Patient Event Level	Provider Info	Other UMO	Service Event Level
Review Info	Professional	Institutional	Dental	Delivery	Paperwork / Msg
Health Care Services Review Information					
Request Category	Certification Type				
<input type="text"/>	<input type="text"/>				
Service Type					
<input type="text"/>	<input type="text"/>				
Bill Type	Facility Type				
<input type="text"/>	<input type="text"/>				
Service Date	Previous Certification ID				
<input type="radio"/> Date <input type="text"/> <input type="button"/>	<input type="text"/>				
<input type="radio"/> Period <input type="text"/>	<input type="text"/>				
Trace Numbers					
<input type="text"/>	<input type="text"/>	<input type="text"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
ID EDI					
<input type="text"/> <input type="text"/> <input type="text"/>					
<input type="button" value="Save Service Details"/>					

The Service Detail screen

This first tab "Review Info" looks very similar to the Review tab on the patient event level; and indeed the information goes to an UM segment. But this information is not required. Put only UM information into this screen if it differs from the information given in the loop 2000E.

In addition to the UM segment we also have fields for a proposed service date or date range that will go into a DTP segment as well as certification IDs that we transmit in REF segments.

In the bottom of the screen is a grid. Here are all the service details listed. Note that unless you click on "Add Service Details" no information is added to the request transactions. Only when you see that the grid has lines, do you get this information saved and converted to the 278 transaction set.

2.9.2 Procedures

The next three tabs refer to the service that is proposed. Professional, Institutional and Dental procedures can be conveyed.

Review Info	Professional	Institutional	Dental	Delivery	Paperwork / Msg	Provider
Procedure Code Type <input type="text"/> <input type="button" value="▼"/> Procedure Description <input type="text"/> Modifiers 1 through 4 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Quantity Unit Charge Amount Diagnosis Pointers EPSDT Indicator <input type="text"/> <input type="button" value="▼"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Nursing Home Level of Care <input type="text"/>						

The professional service tab

Review Info	Professional	Institutional	Dental	Delivery	Paperwork / Msg	Provider
Revenue Code Procedure Code Type <input type="text"/> <input type="button" value="▼"/> Procedure Description <input type="text"/> Modifiers 1 through 4 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Quantity Unit Unit Rate Charge Amount <input type="text"/> <input type="button" value="▼"/> <input type="text"/> <input type="text"/> Nursing Home Status Nursing Home Level of Care <input type="text"/> <input type="text"/>						

The institutional service tab

Review Info	Professional	Institutional	Dental	Delivery	Paperwork / Msg	Provider																					
Procedure Code Type <input type="text"/> AD - American Dental Association Codes Procedure Description <input type="text"/> Quantity Charge Amount Oral Cavity Designation Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Prosthesis, Crown or Inlay Code Reason for Replacement <input type="text"/> <input type="text"/> <table border="1" style="float: right; margin-right: 10px;"> <thead> <tr> <th></th> <th>Tooth</th> <th>Surface 1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> </tr> </thead> <tbody> <tr> <td>*</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="7" style="height: 40px;"></td> </tr> </tbody> </table>								Tooth	Surface 1	2	3	4	5	*													
	Tooth	Surface 1	2	3	4	5																					
*																											

The dental service tab

The fields are self explanatory and reflect the procedures and modifiers that are proposed and need authorization.

2.9.3 Health Service Delivery-Detail

On this screen we can specify the healthcare service delivery and compose an HSD segment in the 278 transaction on the service detail level, 2000F. Information here overrides information in a possible [HSD](#) segment on the patient event level.

Health Care Services Delivery						
Quantity	Quantity Qualifier	per	Time Frame	for		
<input type="text"/>	<input type="text"/>	per	<input type="text"/>	<input type="text"/>		
Number of Periods	Time Period Qualifier					
<input type="text"/>	<input type="text"/>					
Delivery Pattern	Delivery Pattern Time					
<input type="text"/>	<input type="text"/>					

Health Service Delivery information on the detail level.

Examples of valid Delivery of Care conditions

The following values represent "One visit per every three days for 21 days"

Review	Delivery	Ambulance	Chiropractor	DME	Oxygen	Activities/Limitations	Mental St
Health Care Services Delivery							
Quantity	Quantity Qualifier			Time Frame			
1	VS - Visits		per	3	DA - Days		for
Number of Periods	Time Period Qualifier						
21	7 - Day						

Here values for "1 visit on Wednesday and Thursday in the morning"

Review	Delivery	Ambulance	Chiropractor	DME	Oxygen	Activities/Limitations	Mental Status
Health Care Services Delivery							
Quantity	Quantity Qualifier			Time Frame			
1	VS - Visits		per				for
Number of Periods	Time Period Qualifier						
Delivery Pattern	Delivery Pattern Time						
SX - Wednesday and Thursday	D - A.M.						

2.9.4 Message / Paperwork

Here is the only place in the highly structured 278 transaction where you can enter free form text.

Situational Rule: Required when needed to transmit a text message to the UMO about the patient event. If not required by this implementation guide, do not send.

Requester Info		Subscriber-Patient		Specialty Review		Provider Info		Other UMO		Service Detail	
Review Info		Professional		Institutional		Dental		Delivery		Paperwork / Msg	
Text Message PATIENT HAS REPEATED EPISODES OF AMNESIA											
Paper Work											
	Report Type	Transmission	Control Number	Description							
▶	06 - Initial Assess...	AA - Available ...	20030524-012	PDF files							
	08 - Plan of Treatm...	EL - Electronica...	20121225-001	protected archive							
*											
ID	EDI										
1	UM*HS*I~DTP*472*D8*20140203~										
2	PWK*06*AA***AC*20030524-012*PDF files~PWK*08*EL***AC*20121225-001*protected archive~MSG*PATIENT HAS REP										
Save Service Details											

2.9.5 Providers-Detail

Provider information on the service detail level is required when requesting a service provider, specialist, or specialty entity for this service that is different from the provider, specialist, or specialty entity identified in Loop 2010EA ([Patient Event Provider](#)). If Loop 2010EA is not valued, Loop 2010F must be valued for each service associated with this patient event. If information in this screen is not required by the implementation guide, it may be provided at the sender's discretion but cannot be required by the receiver.

The screen is identical to the one on the patient event level

Provider Type	Name	ID Type	Provider ID

Provider Information

Last Name First Name Middle Name
 Provider Type * ID Type ID
 Address
 City State Zip
 Contact Phone: Extension: Fax:
 Email: URL:
 Provider Code Specialty

Buttons:

The provider screen on the detail level

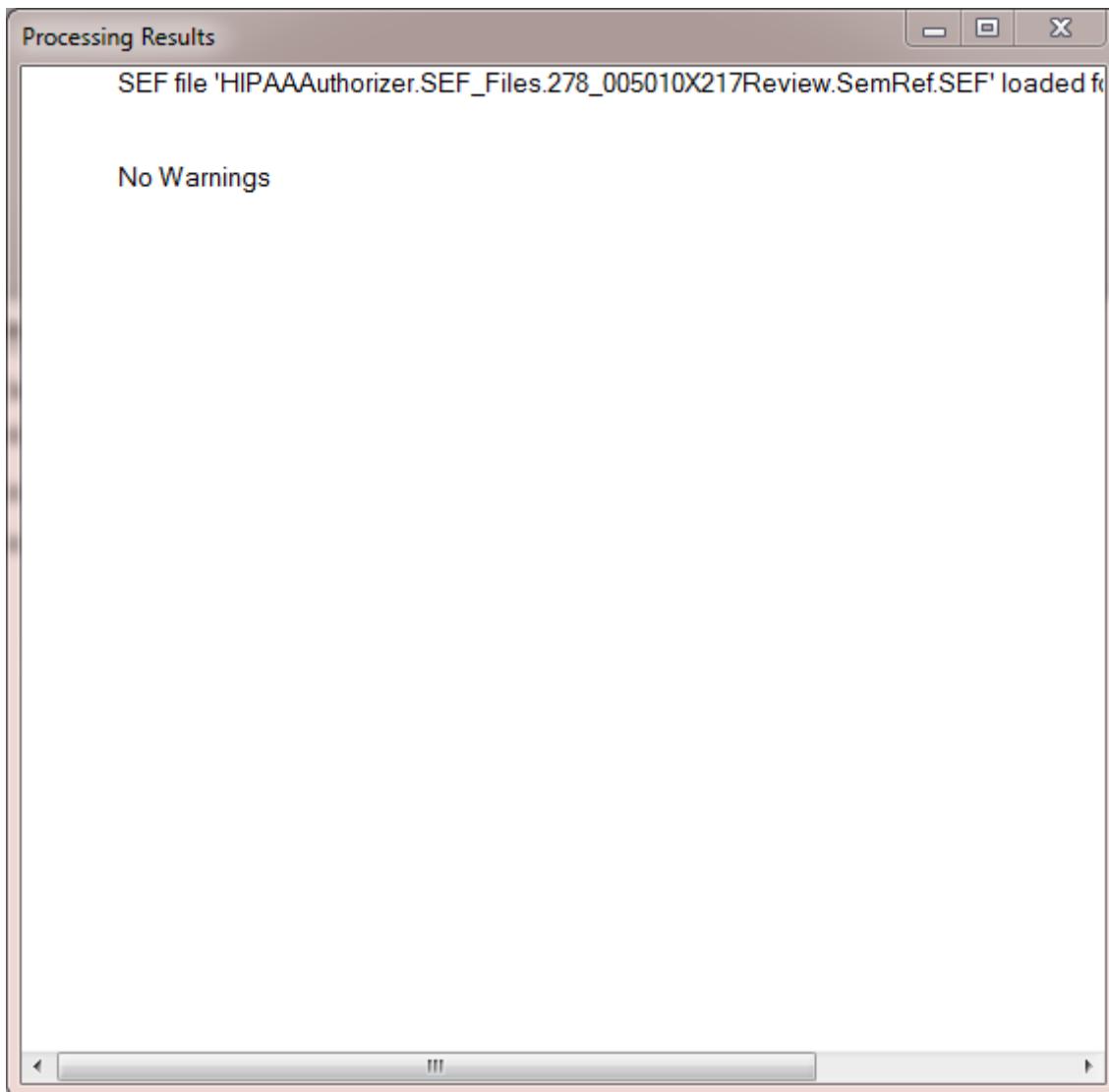
While the 5010 standard allows up to 10 Service Detail Level providers the HIPAA Authorizer limits this to up to 3 providers that can be added. Again note that you have to click "Save Provider Info" to have the information actually added to the transaction. You can navigate through the providers by using the navigation bar above the provider grid.

2.10 Saving a request

Once we create a complete request we can save the transaction to the database.

Here several things happen

- Each screen is individually verified for required information. If elements are missing a message pops up with information as to what is missing.
- The record cannot be saved unless all those error messages are dealt with.
- Secondly a HIPAA compliance check is performed on the saved record if so indicated in the Edit Mode setup. Using the HIPAA compliance engine that is part of the optional EDI Exchange module, a mock 278 transaction is created in memory and than tested with the compliance engine. A window with the processing results will pop up.



The window with the compliance check results

Once a request is saved without warnings, a green check mark appears in the last column of the work place request grid

Subscriber ID	S
3258579	✓

This careful procedure guarantees that requests made with the HIPAA Authorizer, are valid and that they should be accepted by the receiving party.

2.11 Viewing a request

Once the request is saved to the database or loaded from an EDI file we can view the request form by selecting it and clicking the "View" button or the "View Request" option in the right-click menu.

Health Care Services Request for Review

Trading Partner ID: SUBMITTERS.ID..	Document Date: 12/31/1999 8:02 AM
Transaction ID: 200300114000001	Transaction Purpose: Request

Request 2

UMO:
UMO Name: ABC PAYER
Electronic Transmitter Identification Number (ETIN): 123450000

Requester: Provider	
Name: GARDENER JAMES Provider UPIN Number: 123456 Address: 43 SUNRISE BLVD SUITE 234 City: KANSAS CITY State: MO Zip: 64108 Requester Contact: WILBER Phone: (818) 999-1234 Fax: (818) 876-9304 Requester Provider Type: Consulting	Federal Employer ID: 000012345 Facility ID Number: 223457 Taxonomy Code: 203BS0133X

Subscriber	
Name: SMITH JOE Social Security Number: 123456789 Address: PO Box Sub 171021 TEST ADDRESS2 City: KANSAS CITY State: MO Zip: 64108 Subscriber DOB: 03/22/1958 Subscriber Sex: Male	Member ID Number: 12345678901 Employment Status: Active Military - Overseas

Dependent	
Name: SMITH MARY Patient Account Number: 321456789 Address: PO Box 171021 TEST ADDRESS2 City: KANSAS CITY State: MO Zip: 64108 Dependent DOB: 03/22/1988 Dependent Sex: Female	Relationship: Child

Patient Event	
Trace Number: 2001042801 Assigning Entity Additional ID: CARDIOLOGY	Assigning Entity ID: 9012345678 Certification Type: Initial
Request Category: Specialty Care Review Service Type: Consultation Facility Type: Hospital Inpatient (Including Medicare Part A) Release of Information: Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim	Bill Type: UB claim form

The form to view a 278 Authorization request

All cryptic codes are translated and the information is grouped by the segments in which it is contained. This form is printable and can even saved as TIFF or PDF file.

2.12 Editing a request

Once the request is saved to the database or loaded from an EDI file we can edit the request by selecting it and clicking the "Edit Request" button or selecting "Edit Request" option after right-clicking the request. The same screen that is used to manually enter a request will be shown filled with the selected request record's information. If edited and saved, the record will be modified to reflect the changes.

The screenshot shows the 'Edit Request' dialog box with the 'Requester Info' tab selected. The form is filled with data from a selected request record. Key fields include:

- Requester Info:**
 - Requester Name (NIM1): GARDENER
 - First Name: JAMES
 - Middle Name, Suffix: (empty)
 - Entity Type: 1P - Provider
 - ID Type: 24 - Federal Employer ID
 - ID: 000012345
- Address (N3, N4):** 43 SUNRISE BLVD, SUITE 234, KANSAS CITY, MO - Missouri, 64108
- Contact Information (PER):** Contact: WILBER, Phone: (818) 999-1234, Extension, Fax: (818) 876-9304, Email, URL
- Provider Information (PRV):** Provider Code: CO - Consulting, Specialty: 203BS0133X
- Additional Identifiers (REF):**

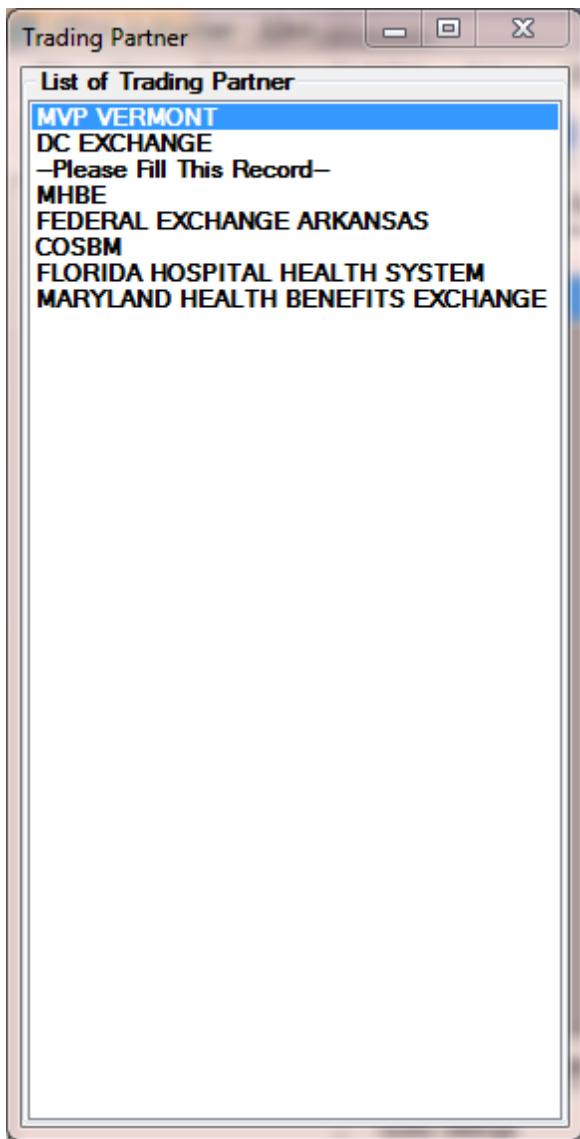
ID Qualifier	ID Code
1G - Provider UPIN Number	123456
1J - Facility ID Number	223457

Add, Delete, Save Requester into Database, Save, Close buttons.

The screens to view and edit the request.

2.13 Sending a request to a trading partner

Once the request is saved and all compliance check errors and warnings have been successfully dealt with we can send the request to its destination. For this we highlight one or more requests in the grid and click on "Send to Trading Partner". A screen will come up prompting us to select the trading partner from the ones we have on file.



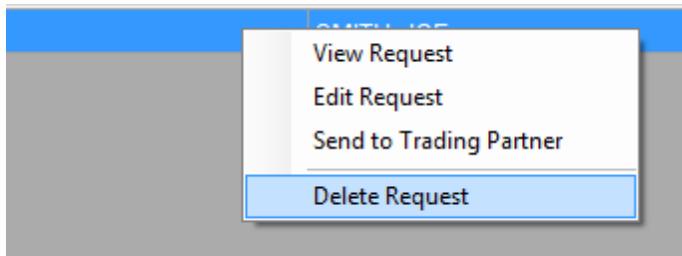
Selecting a trading partner

We click on the appropriate trading partner. Then the EDI file will be created and a success message pops up after the file has been written to the trading partner's outbox. If encryption and/or FTP transport have been set up for the trading partner, the file is also then encrypted and transported via FTP.

If the trading partner is setup for real-time transport such as MIME and SOAP, the message will then be wrapped into the appropriate envelope and send immediately. The program then waits for the response and will display in the status column that a response has been received. If we double-click now the request row in the workplace grid we will see the response displayed.

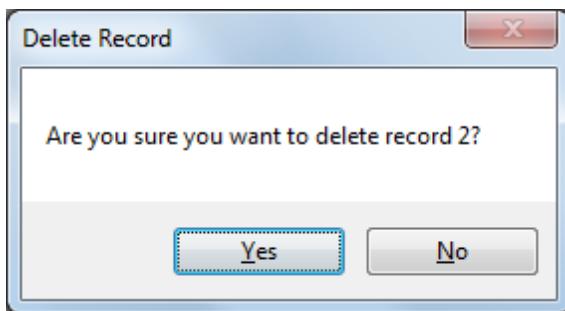
2.14 Deleting a request

When working from the database in the workplace, you will be able to delete records from the database by selecting a record and right-clicking, then clicking "Delete Record". You can achieve the same result by selecting a record and pushing the "delete" key.



Right-click menu. "Delete Request" is highlighted.

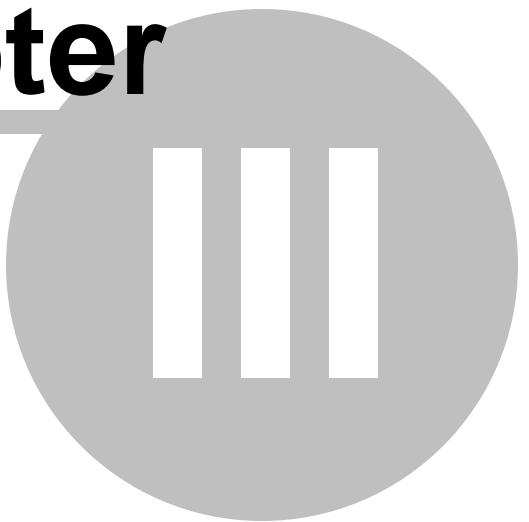
You will be prompted before the record is deleted.



Record deletion prompt.

After clicking "Yes", the record will be deleted from the Authorizer Header table and any related records will be deleted from the Authorizer Detail table. This operation cannot be undone.

Chapter



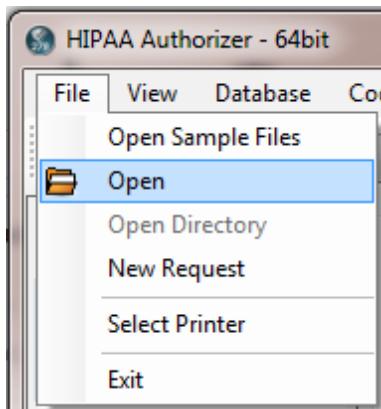
3 Response Mode - Viewing Requests

3.1 Loading Transactions from file

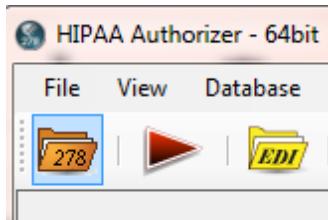
In Response mode you typically open 278 Request files and load them into the application so that you can view and process them.

Selecting the EDI file

The first step is to open a 278 record file. Either do this with the -->File -->Open menu or by clicking on the File Open button in the tool bar.



The Open File menu. The "Open File" button is visible to the left of the menu on the tool bar



Opening a file with the toolbar

Once the file is opened, you can process it by clicking on the "Process" button at the bottom of the information bar or by clicking the "Run" button on the tool bar.



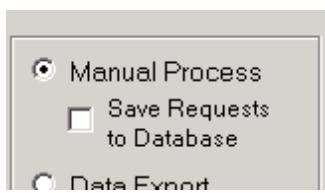
The "Run" button on the tool bar

The EDI file is now parsed and the individual request records displayed in a grid. From here we can work on each request.

Payer	Provider	Subscriber	Subscriber ID	Authorization
EMBLEM HEALTH		MORENA, BLANCA	20638162	No Certification required
EMBLEM HEALTH		GODLIZIA, GENNE	20638174	No Certification required
EMBLEM HEALTH		PEREZINO, ALGENDRO	20638160	No Certification required
EMBLEM HEALTH		LUKOWITS, EMREN	20638159	No Certification required
EMBLEM HEALTH		MACEN, REN	20638163	No Certification required
EMBLEM HEALTH		CALIDO, KENNY	20638168	No Certification required

A file is loaded and the individual review requests listed in the grid.

Here we see the result of a request file loaded into the grid. From here we can view and process the individual requests. We have the choice to load the request data at the same time into the response.



A check box to save requests to the database when loading a file for manual response

3.2 Viewing Records in Form

When we click on the "View Request" Button or right-click menu option, we will see a rendered version that shows us all the information in it in a readable and printable fashion.

HIPAA Preview

Print | Close | Page 1 / 4

Health Care Services Request for Review

Filename: 278_5010_Request.edi
 Trading Partner ID: SUBMITTERS.ID..
 Transaction ID: 20030011400001
 Document Date: 12/31/1999 8:02 AM
 Transaction Purpose: Request

Request 1

UMO: Utilization Management Organization
UMO Name: ABC PAYER
Electronic TransmitterIdentification Number (ETIN): 123450000

Requester: Provider

Name: GARDENER JAMES	Federal Employer ID: 000012345
Provider UPIN Number: 123456	Facility ID Number: 223457
Address: 43 SUNRISE BLVD SUITE 234	
City: KANSAS CITY	State: MO Zip: 64108
Requester Contact: WILBER	
Phone: (818) 999-1234	Fax: (818) 876-9304
Requester Provider Type: Consulting	Taxonomy Code: 203BS0133X

Subscriber

Name: SMITH JOE	Member ID Number: 12345678901
Social Security Number: 123456789	
Address: PO Box Sub 171021 TEST ADDRESS2	
City: KANSAS CITY	State: MO Zip: 64108
Subscriber DOB: 03/22/1958	Subscriber Sex: Male
Employment Status: Active Military - Overseas	

Patient Event

Trace Number: 2001042801	Assigning Entity ID: 9012345678
Assigning Entity Additional ID: CARDIOLOGY	
Request Category: Specialty Care Review	Certification Type: Initial
Service Type: Consultation	
Facility Type: Hospital Inpatient (Including Medicare Part A)	Bill Type: UB claim form
Release of Information: Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim	
Authorization Number: A123	Administrator's Reference Number: Z123
Accident: 04/30/2005	Last Menstrual Period: 03/12/2005
Estimated Date of Birth: 11/30/2005	Onset of Current Symptoms or Illness: 04/15/2005
Event: 05/16/2005	Admission: 05/05/2005
Discharge: 05/09/2005	
Message Text: This is a free-form text message	

Diagnosis Codes

Diagnosis (ICD-9-CM): 41090	Date: 04/15/2005
-----------------------------	------------------

Health Care Services Delivery:

1 Visit(s) per every 1 Day(s) for 10 Day
--

Ambulance Certification

The following Condition(s) applied: Patient was admitted to a hospital
--

Chiropractic Certification

The form to view a 278 Authorization request

All cryptic codes are translated and the information is grouped by the segments in which it is contained. This form is printable and can even saved as TIFF or PDF file.

3.3 Viewing Records in Edit Screens

When we click on "Start Responses" we see the same screen that is used to manually enter a request. The only difference is that most fields are disabled and only those that can be edited for the response are enabled.

The screens to study the request and create the response.

As the screens were already explained in detail in the chapter on Request Mode, we don't go through them again but concentrate on the response specific sections.

Here we see the requester tab. And on the bottom we see a combo box where we can select the response type and two buttons, "Adjudicate Request" and "Reject Request". In order to understand the meaning of these buttons we have to look at the two types of responses that the 278 can convey. The normal adjudication response will indicate if the authorization is given or not and why not. The rejection will cite a reason why the request was not valid. Maybe the subscriber is unknown, maybe the requester not in the system, maybe the system is down. All those and many conditions are expressed in so

called AAA segments. In these segments we find the coded information on the rejection.

3.4 Viewing Subscriber or Patient Information

The picture below shows the subscriber-patient information:

Requester Info						Subscriber-Patient		Patient Event Level		Provider Info		Other UMO		Service Event Level																																																																																																	
Patient Information <table border="1"> <tr> <td colspan="2">Subscriber</td> <td colspan="6">Additional Patient Information</td> </tr> <tr> <td colspan="2"> Relationship (INS) <input checked="" type="checkbox"/> Subscriber is a patient </td> <td colspan="6"> Subscriber Name (NM1) Last Name: SMITH First: JOE ID Type: ID MI - Member ID Number: 12345678901 </td> </tr> <tr> <td colspan="2"> Employment Status AO - Active Military - Overseas </td> <td colspan="6"></td> </tr> <tr> <td colspan="2"> Address (N3, N4) Address PO BOXSUB 171021 </td> <td colspan="6"> TEST ADDRESS2 City KANSAS CITY State MO - Missouri Zip: 64108 Country Code Subdivision </td> </tr> <tr> <td colspan="12"> Additional Identifiers (REF): <table border="1"> <tr> <td>ID Qualifier: SY - Social Security Number</td> <td>ID Code: 123456789</td> <td>ID Type</td> <td>ID Code</td> </tr> </table> </td> </tr> <tr> <td colspan="12"> Demographic Information (DMG) DOB: 03/22/1958 Sex: M - Male Reject at Subscriber Level </td> </tr> <tr> <td colspan="12"> Health Information <table border="1"> <tr> <td>Accident Date: 04/30/2005</td> <td>Onset of Symptoms: 04/15/2005</td> <td>Event Date: 05/16/2005</td> <td>Admission Date: 05/05/2005</td> <td>Discharge Date: 05/09/2005</td> <td>Last Menstrual: 03/12/2005</td> <td>Estimated Birth: 11/30/2005</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Diagnosis Type</td> <td></td> <td>Diagnosis</td> <td></td> <td>Diagnosis Date</td> <td></td> </tr> <tr> <td>▶</td> <td>BF - Diagnosis (ICD-9-CM)</td> <td>▼</td> <td>41090</td> <td></td> <td>04/15/2005</td> <td></td> </tr> </table> </td> </tr> </table>												Subscriber		Additional Patient Information						Relationship (INS) <input checked="" type="checkbox"/> Subscriber is a patient		Subscriber Name (NM1) Last Name: SMITH First: JOE ID Type: ID MI - Member ID Number: 12345678901						Employment Status AO - Active Military - Overseas								Address (N3, N4) Address PO BOXSUB 171021		TEST ADDRESS2 City KANSAS CITY State MO - Missouri Zip : 64108 Country Code Subdivision						Additional Identifiers (REF): <table border="1"> <tr> <td>ID Qualifier: SY - Social Security Number</td> <td>ID Code: 123456789</td> <td>ID Type</td> <td>ID Code</td> </tr> </table>												ID Qualifier: SY - Social Security Number	ID Code: 123456789	ID Type	ID Code	Demographic Information (DMG) DOB: 03/22/1958 Sex: M - Male Reject at Subscriber Level												Health Information <table border="1"> <tr> <td>Accident Date: 04/30/2005</td> <td>Onset of Symptoms: 04/15/2005</td> <td>Event Date: 05/16/2005</td> <td>Admission Date: 05/05/2005</td> <td>Discharge Date: 05/09/2005</td> <td>Last Menstrual: 03/12/2005</td> <td>Estimated Birth: 11/30/2005</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Diagnosis Type</td> <td></td> <td>Diagnosis</td> <td></td> <td>Diagnosis Date</td> <td></td> </tr> <tr> <td>▶</td> <td>BF - Diagnosis (ICD-9-CM)</td> <td>▼</td> <td>41090</td> <td></td> <td>04/15/2005</td> <td></td> </tr> </table>												Accident Date: 04/30/2005	Onset of Symptoms: 04/15/2005	Event Date: 05/16/2005	Admission Date: 05/05/2005	Discharge Date: 05/09/2005	Last Menstrual: 03/12/2005	Estimated Birth: 11/30/2005									Diagnosis Type		Diagnosis		Diagnosis Date		▶	BF - Diagnosis (ICD-9-CM)	▼	41090		04/15/2005	
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ID Qualifier: SY - Social Security Number	ID Code: 123456789	ID Type	ID Code																																																																																																												
Demographic Information (DMG) DOB: 03/22/1958 Sex: M - Male Reject at Subscriber Level																																																																																																															
Health Information <table border="1"> <tr> <td>Accident Date: 04/30/2005</td> <td>Onset of Symptoms: 04/15/2005</td> <td>Event Date: 05/16/2005</td> <td>Admission Date: 05/05/2005</td> <td>Discharge Date: 05/09/2005</td> <td>Last Menstrual: 03/12/2005</td> <td>Estimated Birth: 11/30/2005</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Diagnosis Type</td> <td></td> <td>Diagnosis</td> <td></td> <td>Diagnosis Date</td> <td></td> </tr> <tr> <td>▶</td> <td>BF - Diagnosis (ICD-9-CM)</td> <td>▼</td> <td>41090</td> <td></td> <td>04/15/2005</td> <td></td> </tr> </table>												Accident Date: 04/30/2005	Onset of Symptoms: 04/15/2005	Event Date: 05/16/2005	Admission Date: 05/05/2005	Discharge Date: 05/09/2005	Last Menstrual: 03/12/2005	Estimated Birth: 11/30/2005									Diagnosis Type		Diagnosis		Diagnosis Date		▶	BF - Diagnosis (ICD-9-CM)	▼	41090		04/15/2005																																																																									
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▶	BF - Diagnosis (ICD-9-CM)	▼	41090		04/15/2005																																																																																																										

Subscriber and Patient tab

This tab displays information on the patient who might be the subscriber or a dependent. If patient and subscriber are the same person you will only see one tab, if there is a separate patient, you will see a 'Patient' tab.

Underneath the demographic information are request specific dates and the diagnosis specific information. These fields are not editable. It is information that came in the request.

The tab 'Additional Patient Information' tab contains fields that can be edited and looks like this

Subscriber	Additional Patient Information			
Text Message				
THIS IS A FREE-FORM TEXT MESSAGE				
Paper Work				
	Report Type	Transmission	Control Number	Description
*	▼	▼		
Reject at Patient Event Level		Add Contact For Paperwork		

The tab for additional information

A free form text message that came with the request will be displayed here or the adjudicator can add text here for the response.

In the same way is it possible to require additional paperwork. The drop-down menu boxes will allow you to select a report type and transmission method according to the specification in the 278 transaction set. You can add several lines of report requests here.

You can even specify to which address the documentation will be sent.

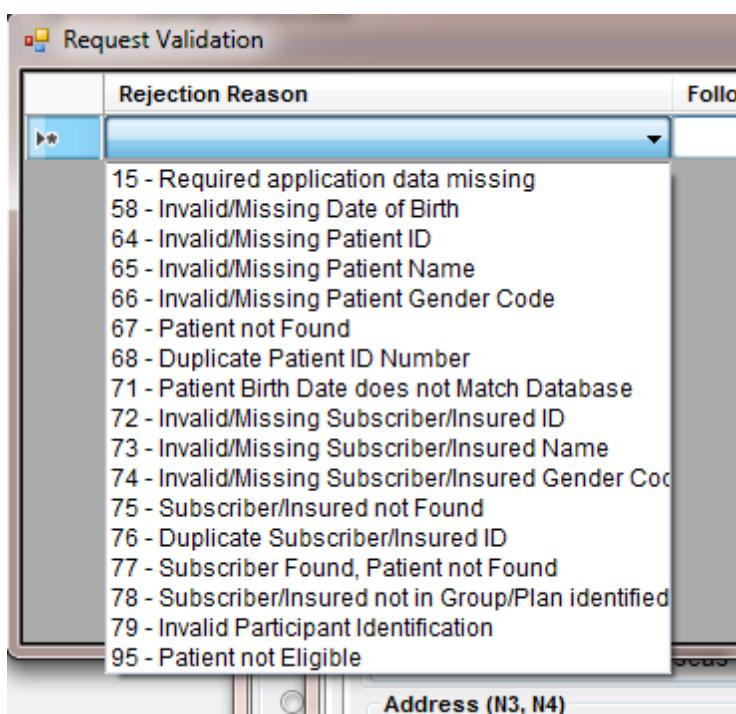
Request for additional patient information Contact Name

Send Requested Paperwork to the Following Contact and Address

Name		
First	Middle	Suffix
ID Type		
Address		
Address 2		
City	State	Zip
Contact	Phone	Ext
Fax	Email	
Save Clear All Cancel		

Adding contact information to a request for Paperwork

We can reject a request on the subscriber and/or Patient level. When we click the button "Reject at Subscriber Level" the reject screen comes up with the following reject reasons



Reject reasons on the subscriber/patient level

3.5 Viewing Patient Event Level segments

3.5.1 Review Request

When we click on the 'Patient Event Level tab' we see on the first tab this screen:

Requester Info		Subscriber-Patient		Patient Event Level		Provider Info		Other UMO		Service Event Level							
Review		Delivery		Ambulance		Chiropractor		DME		Oxygen		Activities/Limitations		Mental Status		Home Health	
Health Care Services Review Information (UM)																	
Request Category		Certification Type										Bill Type					
SC - Specialty Care Review		I - Initial										A - UB claim form					
Service Type																	
3 - Consultation																	
Facility Type		Related Causes		Accident State		Accident Country											
11 - Hospital Inpatient (Including Medicare Part A)																	
Service Level		Current Condition		Prognosis													
Info Release		Delay Reason															
Y - Yes, Provider has a Signed Statement Permitting Release of																	
Other References																	
Previous Certification ID		A123		Previous Administrative Reference ID		Z123											
Institutional Claim Codes																	
Admission Type		Admission Source		Nursing Home Residential Status													
3 - Elective																	
Patient Status																	
Trace Numbers																	
Trace Number		Entity ID		Additional Entity ID													
2001042801		9012345678		CARDIOLOGY													

Here we have basic information on the request such as category and bill type, facility and so on.

3.5.2 Delivery

Health Service Delivery, which is stored in the HSD segment, can further explain and narrow the service for which authorization is sought.

Review		Delivery		Ambulance		Chiropractor		DME		Oxygen		Activities/Limitations		Mental Status	
Health Care Services Delivery															
Quantity		Quantity Qualifier						Time Frame							
1		VS - Visits						1		DA - Days				for	
Number of Periods		Time Period Qualifier													
10		7 - Day													
Delivery Pattern								Delivery Pattern Time							

The Health Service Delivery tab

Here we see a request for daily visits for 10 weeks.

3.5.3 Ambulance

The tab for ambulance review is quite complex. Several segment flow into this.

Review	Delivery	Ambulance	Chiropractor	DME	Oxygen	Activities/Limitations	Mental Status	Home Health
Ambulance Conditions								
01 - Patient was admitted to a hospital								
<p>The above conditions</p> <input checked="" type="radio"/> Apply <input type="radio"/> Do not Apply								
Ambulance Transport Information								
Weight	Unit	Ambulance Transport Code			Description of Trip Purpose			
155	LB - Pounds	T - Transfer Trip						
Distance	Unit	Ambulance Transport Reason			Justification for Stretcher Use			
			A - Patient was transported to nearest facility fi					
Transport Locations								
Pick-up Location	Drop-off Location	Final Scheduled Destination		Next Destination	Next Scheduled Destination			
Name	Address							
PATIENT DIALYSIS CENT	77 HOLLY BLVD							
City				State				Zip
HOLLYWOOD				CA - California				90214
Request Validation								

The Ambulance tab

On top we have the ambulance conditions from the CRC*07 segments. Here are descriptors for the patient's condition that justify the use of an ambulance.

Next is the ambulance transport information that goes into the CR1 segment and lastly are 5 locations that are connected to ambulance service such as pick-up and drop-off from the loop 2010EB.

3.5.4 Chiropractic Care

The Chiropractor tab has the necessary information to request the care of a

chiropractor.

Review	Delivery	Ambulance	Chiropractor	DME	Oxygen	Activities/Limitations	Mental Status	Home Health
Spinal Manipulation Service Information								
Treatment Series 1	Treatment Count 5	Subluxation Level			Subluxation Level Code II			
Nature of Condition A - Acute Condition		Complication Indicator Y - Yes			Are X-Rays available Y - Yes			
Patient Condition Description								
Patient Condition Description II								
Chiropractic Certification Information								
14 - Ambulation is Impaired and Walking Aid is Used for Mobility								
The above conditions								
<input type="radio"/> Apply				<input checked="" type="radio"/> Do not Apply				

The Chiropractor screen

In the upper part is information for the CR2 segment which list subluxation levels and conditions. The lower part has more condition codes that go into the CRC*08 segment

3.5.5 Durable Medical Equipment

Often the use of durable medical equipment such as wheel chairs or hospital beds has to be authorized. In this screen we find such justifications.

Review	Delivery	Ambulance	Chiropractor	DME	Oxygen	Activities/Limitations	Mental Status	Home Health
Durable Medical Equipment Conditions								
29 - A 6-7 hour nocturnal study documents 30 episodes of apnea each lasting more than 10 seconds								
The above conditions								
<input checked="" type="radio"/> Apply <input type="radio"/> Do not Apply								

Viewing DME information

3.5.6 Oxygen Therapy

Oxygen Therapy is most of the time done at home. Patients with severe breathing problems and diminished lung function get equipped with oxygen bottles or generating equipment. The screen consists of two parts, the first part lists the conditions necessitating the oxygen therapy

Review	Delivery	Ambulance	Chiropractor	DME	Oxygen	Activities/Limitations	Mental Status	Home Health
Oxygen Therapy Conditions				Home Oxygen Therapy Information				
Conditions requiring Oxygen Therapy								
25 - Item has been prescribed as part of a planned regimen of treatment in patient home								
The above conditions								
<input checked="" type="radio"/> Apply				<input type="radio"/> Do not Apply				

Oxygen Condition Codes

The information in this part of the oxygen screen goes into a CRC segment with the qualifier '11'

The second half of the screen is more specific to the home oxygen therapy and equipment

Oxygen Therapy Conditions		Home Oxygen Therapy Information	
Oxygen Equipment			
Oxygen Equipment Type 1	Oxygen Equipment Type 2	Equipment Reason Description	
D - Liquid Portable			
Oxygen Use			
Oxygen Flow Rate (Liters/Minute)	Daily Oxygen Use Count	Number of Hours per Use	
1			
Description			
Blood Gas			
Arterial Blood Gas Qty			
Oxygen Saturation Qty			
87			
Oxygen Test			
Oxygen Test Findings 1 to 3			
Oxygen Test Condition			
N - No special conditions for Test			
Portable Oxygen Equipment			
Portable Oxygen System Flow Rate (liter/min)	Oxygen Delivery System	Oxygen Equipment Type	
12	A - Nasal Canula		

Home Oxygen Therapy Information

Information from here comes from the CR5 segment.

3.5.7 Functional Limitations

Often a request for medical services has to be justified with the patients condition. The functional limitation and permitted activities screen serves just this purpose. Here are two frames with such information.

Review	Delivery	Ambulance	Chiropractor	DME	Oxygen	Activities/Limitations	Mental Status	Home Health
Functional Limitations								
02 - Patient was bed confined before the ambulance service								
The above conditions								
<input checked="" type="radio"/> Apply <input type="radio"/> Do not Apply								
Permitted Activities								
10 - Patient is ambulatory								
The above conditions								
<input checked="" type="radio"/> Apply <input type="radio"/> Do not Apply								

Functional Limitations and Permitted Activities

The top frame lists functional limitation that will go into a CRC segment with the qualifier '75', the bottom frame list activities that the patient is permitted to do and form the segment CRC*76.

3.5.8 Mental Status

Another list of conditions that can afflict a patient are mental conditions. For the authorization of mental health services it is important to convey the mental status of a patient. The following screen does that

Review	Delivery	Ambulance	Chiropractor	DME	Oxygen	Activities/Limitations	Mental Status	Home Health
--------	----------	-----------	--------------	-----	--------	------------------------	---------------	-------------

Mental Status Information

07 - Patient had to be physically restrained

The above conditions

Apply Do not Apply

Mental Status information

Mental Status Information is represented in the CRC*77 segment. You can choose from 5 different mental status that either apply or no apply

3.5.9 Home Health

The last tab on the specialty review level is home health. This tab lists conditions and procedures that are administered at home and not at the office. Services range from a temporary rehabilitation to hospice care for terminally ill patients.

Review	Delivery	Ambulance	Chiropractor	DME	Oxygen	Activities/Limitations	Mental Status	Home Health
Home Health Care Information								
Prognosis 7 - Less than 6 Month to Live	Home Health Start Date 04/29/2005	Home Health Certification Period From / / To / /						
Certification Type I - Initial					Related Surgery Date / /	Physician Order Date / /		
Medical Procedure Identifier 	Type 	Last Visit Date / /				Physician Contact Date / /		
Patient Location 	Last Admission Period From / / To / /							

The Home Health screen

The Home Healthcare segment, CR6, has up to 17 fields. Prognosis, Home Health Start Date, Certification Type Code and MediCare Indicator are the only required ones.

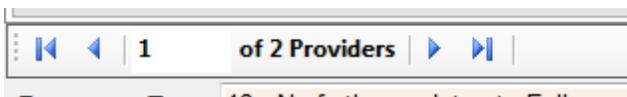
3.6 Viewing Provider Information

When the 278 request is a review request for a specialist or for care by a provider other than the requesting provider, then the following page will display information such provider information. When we click on the 'Provider Info' tab we see this screen

Requester Info	Subscriber-Patient	Patient Event Level	Provider Info	Other UMO	Service Event Level															
Provider Information Provider Name (NM1) Last Name: WATSON First Name: SUSAN Middle Name: Provider Type: SJ - Service Provider ID Type: 34 - Social Security Number ID: 987654321 Address (N3, N4) Address: 77 HOLLY BLVD SECOND PART City: KANSAS CITY State: MO - Missouri Zip: 64108 Contact Information (PER) Contact: M TUCKER Phone: (818) 999-3456 Extension: Fax: (818) 876-9304 Email: URL: Provider Information (PRV) Provider Code: PE - Performing Specialty: 203BS0133X																				
Additional IDs (REF) <table border="1"> <thead> <tr> <th></th> <th>ID Qualifier</th> <th>ID Code</th> <th>License No/State Code</th> </tr> </thead> <tbody> <tr> <td>▶</td> <td>1G - Provider UPIN Number</td> <td>12345</td> <td></td> </tr> <tr> <td>*</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							ID Qualifier	ID Code	License No/State Code	▶	1G - Provider UPIN Number	12345		*						
	ID Qualifier	ID Code	License No/State Code																	
▶	1G - Provider UPIN Number	12345																		
*																				
<table border="1"> <thead> <tr> <th></th> <th>Provider Type</th> <th>Name</th> <th>ID Type</th> <th>Provider ID</th> </tr> </thead> <tbody> <tr> <td>▶</td> <td>SJ - Service Provider</td> <td>WATSON, SUSAN</td> <td>34 - Social Security Number</td> <td>987654321</td> </tr> <tr> <td></td> <td>SJ - Service Provider</td> <td>WATSON2, SUSAN2</td> <td>34 - Social Security Number</td> <td>987654321</td> </tr> </tbody> </table>							Provider Type	Name	ID Type	Provider ID	▶	SJ - Service Provider	WATSON, SUSAN	34 - Social Security Number	987654321		SJ - Service Provider	WATSON2, SUSAN2	34 - Social Security Number	987654321
	Provider Type	Name	ID Type	Provider ID																
▶	SJ - Service Provider	WATSON, SUSAN	34 - Social Security Number	987654321																
	SJ - Service Provider	WATSON2, SUSAN2	34 - Social Security Number	987654321																

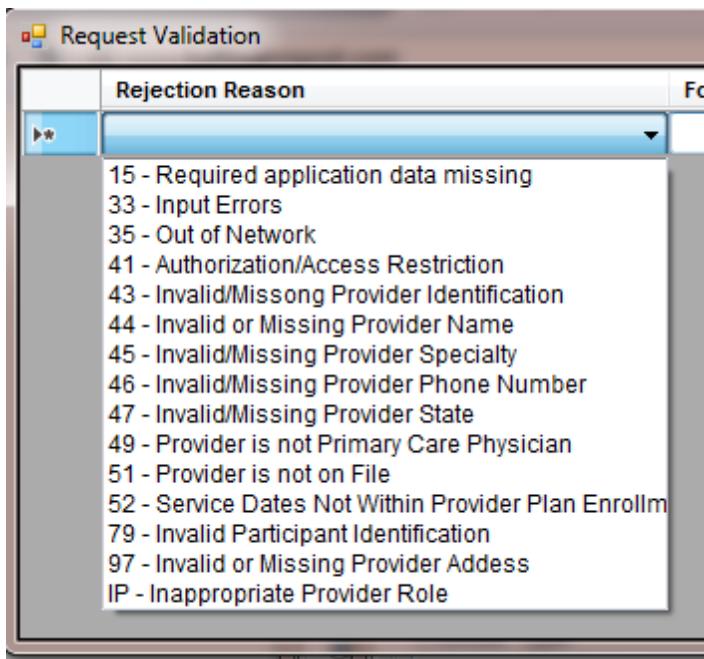
The 'Provider Info' screen

The 278 standard allows for 14 separate providers at this level but we limited our database to 3 providers and in the bottom is the navigation tool. The information in this screen forms the segments NM1, N3, N4, PER and PRV in the loop 2010EA.



Navigating between the service providers

You can reject the request at the provider level. If you click the appropriate button the reject screen comes up with the following reject reasons



Rejecting a request on the service provider level

3.7 Viewing other UMO Information

The 278 transaction provides to list other UMO's who might have adjudicated the request before. This is quite usual when a second opinion is needed or if a declined authorization is resubmitted. In such a case the adjudication information of the other UMO(s) have to be transmitted.

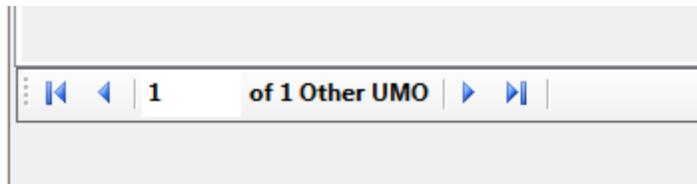
When we click on the "Other UMO" tab we will see this screen

Requester Info	Subscriber-Patient	Patient Event Level	Provider Info	Other UMO	Service Event Level												
Other UMO Information <table border="1"> <tr> <td>Other UMO Type CA - Carrier</td> <td>Denial Date 05/16/2005</td> </tr> <tr> <td>UMO Name</td> <td></td> </tr> <tr> <td>Main Denial Reason 0M - Non-covered Service</td> <td></td> </tr> <tr> <td>Additional Denial Reasons 0M - Non-covered Service</td> <td></td> </tr> <tr> <td>0K - Primary Care Service</td> <td></td> </tr> <tr> <td>0L - Exceeds Plan Maximums</td> <td></td> </tr> </table>						Other UMO Type CA - Carrier	Denial Date 05/16/2005	UMO Name		Main Denial Reason 0M - Non-covered Service		Additional Denial Reasons 0M - Non-covered Service		0K - Primary Care Service		0L - Exceeds Plan Maximums	
Other UMO Type CA - Carrier	Denial Date 05/16/2005																
UMO Name																	
Main Denial Reason 0M - Non-covered Service																	
Additional Denial Reasons 0M - Non-covered Service																	
0K - Primary Care Service																	
0L - Exceeds Plan Maximums																	
<table border="1"> <thead> <tr> <th>Other UMO Type</th> <th>Name</th> <th>Denial Reason</th> <th>Denial Date</th> </tr> </thead> <tbody> <tr> <td>CA - Carrier</td> <td></td> <td>0M - Non-covered Service</td> <td>05/16/2005</td> </tr> <tr> <td colspan="4" style="height: 100px;"></td> </tr> </tbody> </table>						Other UMO Type	Name	Denial Reason	Denial Date	CA - Carrier		0M - Non-covered Service	05/16/2005				
Other UMO Type	Name	Denial Reason	Denial Date														
CA - Carrier		0M - Non-covered Service	05/16/2005														

The "Other UMO" screen

Again this is a FYI screen only in response mode. There is nothing that can be edited.

The information consists of the name of the UMO and up to 4 denial reasons and a denial date. Up to three other UMO's can be listed. Note that you have to click on the "Add Other UMO Info" button to add the information to the request. Only when you see the UMO in the top grid will it be in the transaction. Loop 2010EC contains this information. There can be up to three UMOs and the navigation is the bottom of the screen



Navigating between several UMO's

3.8 Service Event Level

3.8.1 Viewing Proposed Services and Request

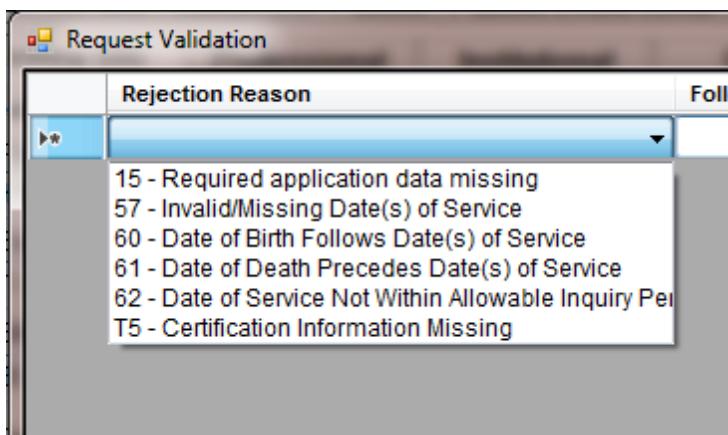
A 278 request can have many lines of service items which can be individually authorized. When we click on the 'Service Event Level' tab we see this screen:

Requester Info	Subscriber-Patient	Patient Event Level	Provider Info	Other UMO	Service Event Level	
Review Info	Professional	Institutional	Dental	Delivery	Paperwork / Msg	
Health Care Services Review Information						
Request Category HS - Health Services Review	Certification Type 4 - Extension					
Service Type 1 - Medical Care						
Bill Type B - CMS/Dental claim form	Facility Type 11 - Office					
Service Date <input checked="" type="radio"/> Date 06/20/2008 <input type="button" value="▼"/>	Previous Certification ID 939393939					
<input type="radio"/> Period	Previous Administrative Reference ID 93939399					
Trace Numbers						
Trace Number 993939000	Entity ID 1787898909	Additional Entity ID 48473929				
<input type="button" value="Reject at Service Level"/>			<input type="button" value="Adjudicate Request at Service Level"/>			<input type="button" value="Save Service Details"/>
ID EDI						
1 TRN*1*993939000*1787898909*48473929~UM*HS*4*1*11:B~REF*BB*939393939~DTP*472*D8*20080620~SV1*HC:A042						
2 TRN*1*2993939000*1787898909*48473929~UM*HS*4*1*11:B~REF*BB*939393939~DTP*472*D8*20080620~SV1*HC:A042						
< <input type="button" value="!!!"/> >						

The Service Event Level Main screen

Here in this screen we see on the bottom a grid that lists the content of each line in EDI format. Below is the navigation tool. Especially with long hospital service authorizations there can be many lines. When we navigate between the individual service lines, all the screen in the service event level will reload.

We can reject a service line. If we click the "Reject at Service Level" the reject screen comes up with the following reasons



The list of reject reasons on the service line level

3.8.2 Professional Procedures

If the proposed services falls under the professional claim format (CMS-1500) then the procedure information will be entered under the "Professional" tab.

Review Info	Professional	Institutional	Dental	Delivery	Paperwork / Msg	Provider
Procedure Code	Type A0428 HC - HCPCS Code	Procedure Description				
Modifiers 1 through 4						
50 - Bilateral Procedure						
51 - Multiple Procedures						
Quantity 5	Unit UN - Unit	Charge Amount 240.00	Diagnosis Pointers		EPSDT Indicator	<input checked="" type="checkbox"/> Y - Yes
Nursing Home Level of Care						

The professional service line information

The information in this screen is very similar to a claim line in the CMS-1500 form.

3.8.3 Institutional Procedures

Service procedures that fall under the institutional claim type, UB 04 as form, have their

place in the 'Institutional' tab.

Review Info	Professional	Institutional	Dental	Delivery	Paperwork / Msg	Provider
Revenue Code 120	Procedure Code A0428	Type HC - HCPCS Code				
Procedure Description						
Modifiers 1 through 4						
50 - Bilateral Procedure						
51 - Multiple Procedures						
Quantity 2	Unit DA - Days	Unit Rate 20	Charge Amount 50.00			
Nursing Home Status			Nursing Home Level of Care			

The information in this screen is equivalent to a claim line in the UB-04 form.

3.8.4 Dental Procedures

Authorization requests for dental procedures are displayed in the 'Dental' tab.

Review Info	Professional	Institutional	Dental	Delivery	Paperwork / Msg	Provider			
Procedure Code D2150	Type AD - American Dental Association Codes								
Procedure Description									
Quantity 1	Charge Amount 550.00	Oral Cavity Designation Code 01 02 03 04 05		Tooth 12	Surface 1 B	2 I	3 L	4 M	5 D
Prosthesis, Crown or Inlay Code I - Initial Placement			Reason for Replacement						

The information in this screen is equivalent to a claim line in a ADA 2006 form.

3.8.5 Delivery of Care

The following screen is important for services that stretch over a time and consist of several visits, or special administration of services.

Review Info	Professional	Institutional	Dental	Delivery	Paperwork / Msg	Provider
Health Care Services Delivery						
Quantity	Quantity Qualifier		Time Frame			
3	VS - Visits	per	1	WK - Weeks	for	
Number of Periods	Time Period Qualifier					
3	34 - Month					
Delivery Pattern	Delivery Pattern Time					
SY - Monday, Wednesday and Thursday						

The Delivery of Services Display Window

The above information translated means that the service should be delivered 3 times a week on Monday, Wednesday and Thursday for 3 months.

For more information on how to code the health services delivery information, please look into the 278-implementation guide.

All the fields in this screen can be edited because the response might contain different amounts of services, periods or visits than the request.

3.8.6 Messages and Accompanying Paperwork

The following page displays a possible free-form text message and information on accompanying paperwork. This information can come with the request or it can be added to the response. Again one of the few fields that are editable in the response mode.

Review Info	Professional	Institutional	Dental	Delivery	Paperwork / Msg	Provider
Text Message						
Paper Work						
*	Report Type	Transmission	Control Number	Description		
<input type="button" value="Add Contact For Paperwork"/>						

The Messages and Accompanying Paperwork Window

For the response you can add your own free form text and also put in a request for additional information and supporting paperwork. The drop-down menu boxes will allow you to select a report type and transmission method according to the specification in the 278 transaction set. You can add several lines of report requests here.

If you click on the "Add Contact For Paperwork" button, the following screen appears:

Request for additional patient information Contact Name

Send Requested Paperwork to the Following Contact and Address

Name	First	Middle	Suffix
ID Type	ID		
Address			
Address 2			
City	State	Zip	
Contact	Phone	Ext	
	(<u> </u>) <u> </u> - <u> </u>		
Fax	Email		
(<u> </u>) <u> </u> - <u> </u>			
Save	Clear All	Cancel	

Adding contact information for the delivery of Paperwork

3.8.7 Service Line Providers

Just as on the Patient Event Level we can have provider information on the service line level. Imagine a hospital asking for authorization for an operation. The Anesthetist could occupy one service line with his procedure and provider information while an assistant surgeon will be entered on another line. The HIPAA Authorizer allows for 3 line level provider for each line.

When we click on the Provider tab we see the following screen:

Review Info	Professional	Institutional	Dental	Delivery	Paperwork / Msg	Provider
1 of 2 Service Line Providers						
	Provider Type	Name	ID Type	Provider ID		
▶	SJ - Service Provider	HARDESTY, DAVID Q	XX - National Provider Identifier	1234567893		
	SJ - Service Provider	HARDESTY2, DAVID2 Q	XX - National Provider Identifier	1234567893		
Provider Information						
Last Name HARDESTY		First Name DAVID	Middle Name Q			
Provider Type SJ - Service Provider		ID Type XX - National Provider Identifier	ID 1234567893			
Address		City	State	Zip		
Contact		Phone: () -	Extension:	Fax: () -		
Email:		URL:				
Provider Code PE - Performing		Specialty 209800000X				
	ID Qualifier	ID Code	License No/State Code	Reject at Service Provider Level		
▶	OB - State License Number	9399999	NY			

The service line level provider screen

We can reject the service line on the provider level. When we click on the "Reject at the Service Provider Level" we have the reject form come up with the following reasons to choose from

Request Validation

Rejection Reason	Follow Up
15 - Required application data missing	
33 - Input Errors	
35 - Out of Network	
41 - Authorization/Access Restriction	
43 - Invalid/Missing Provider Identification	
44 - Invalid or Missing Provider Name	
45 - Invalid/Missing Provider Specialty	
46 - Invalid/Missing Provider Phone Number	
47 - Invalid/Missing Provider State	
49 - Provider is not Primary Care Physician	
51 - Provider is not on File	
52 - Service Dates Not Within Provider Plan Enrollment	
79 - Invalid Participant Identification	
97 - Invalid or Missing Provider Address	
IP - Inappropriate Provider Role	

The list of reject reasons on the service provider level

Chapter

IV

4 Responding to Requests

4.1 Rejecting a Request

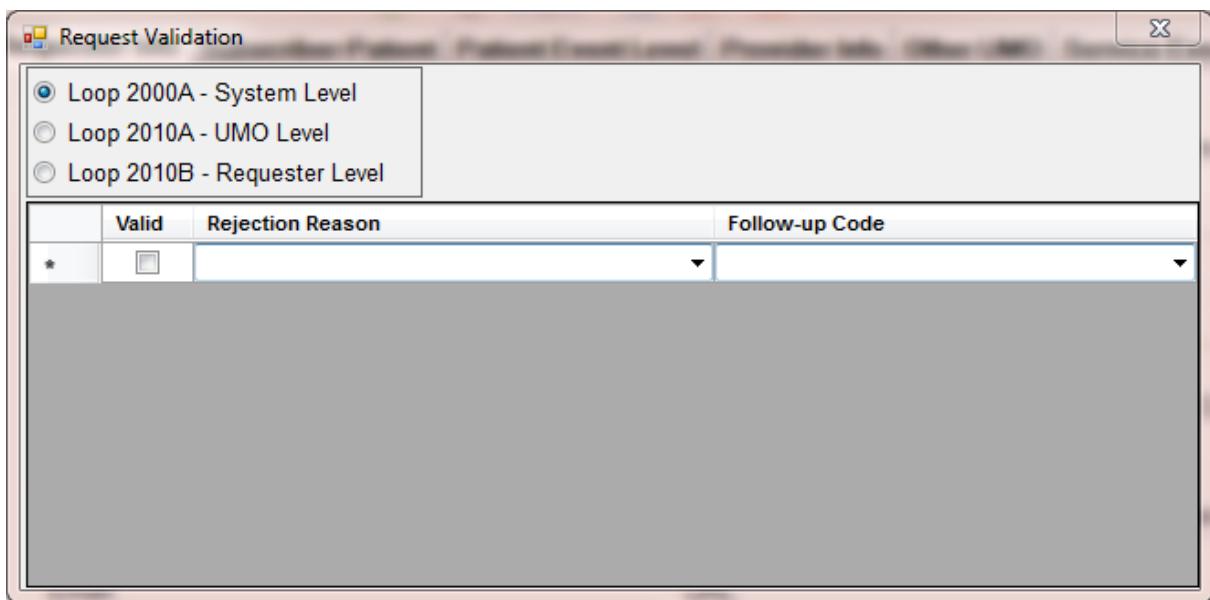
You can reject a request on a number of levels.

- If you do not have a Trading Partner Relationship with the sender, you would reject on the UMO level.
- If your system is down and you cannot answer at the current time, you would choose the second option, "System Level".
- If the provider is unknown to you and you have a policy not to respond to requests from out of network providers, you would choose "Requester Level".
- If you do not recognize the subscriber or patient or the information is wrong, you would answer at the "Subscriber" or "Dependent" level.
- If you reject because the service provider is unknown, not in your network or the like, you would reject at the "Provider level".
- Finally you can reject on the service level, for example, if there is no coverage for the requested services.

You can have several reasons to reject a request. Each time you have to provide three pieces of information:

- Is the request as such valid?
- What is the reason for the rejection?
- What is the action that the requester should take?

When we press the "Reject Request" button, the following screen comes up:



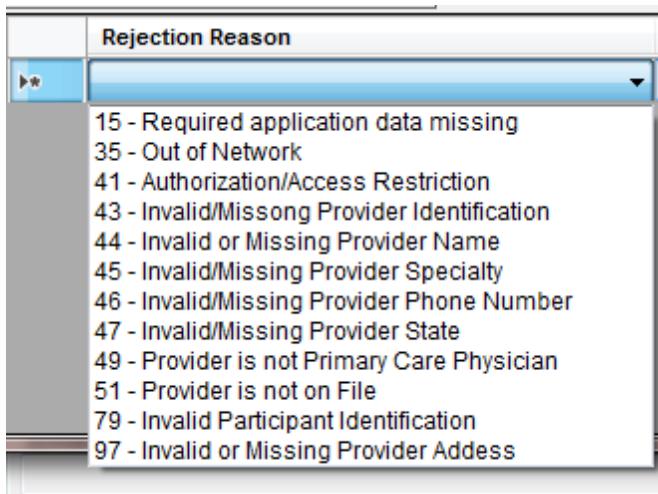
The rejection screen at the System, UMO and Requester level

Let's take a closer look at the functionality. The first option says Loop 2000A-System level. Here we list rejection reasons on the highest, the system level

Valid	Rejection Reason
<input checked="" type="checkbox"/>	<ul style="list-style-type: none">04 - Authorized Quantitiy exceeded41 - Authorization/Access Restriction42 - Unable to Respond at Current Time79 - Invalid Participant Identification

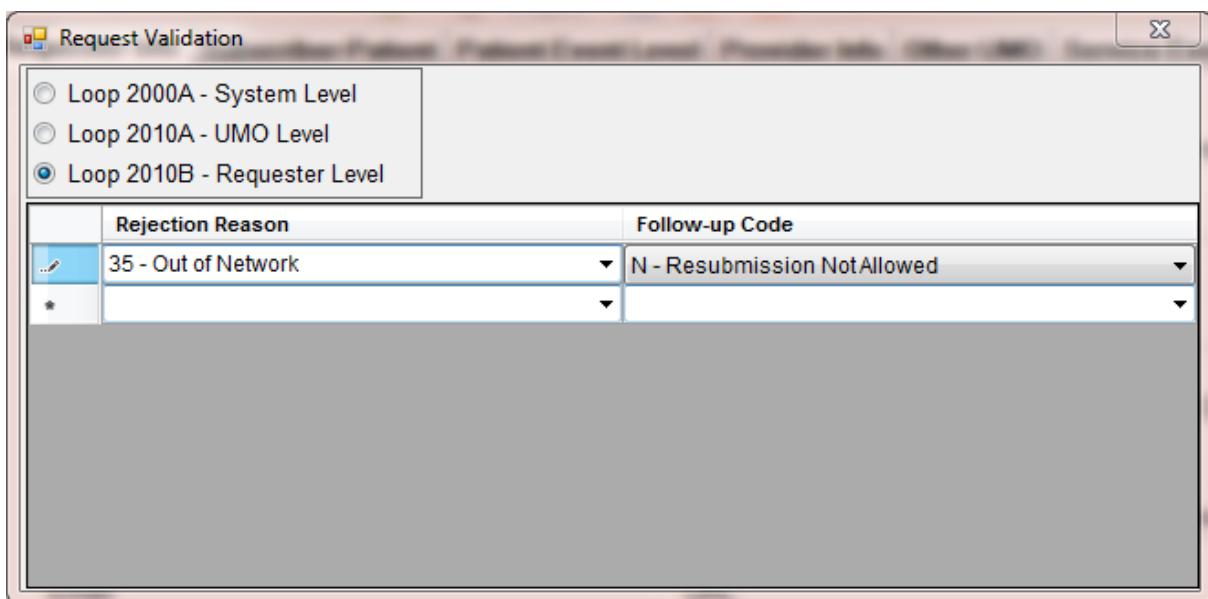
The rejection reasons on the system level

When we check another option, Loop 2010B-Requester level for example, then the options change.



The rejection reasons on the requester level.

For example a rejection of an out-of-network provider's authorization request would look like this



A rejection of an out-of-network provider's authorization request

When we save the request we see now in the work place grid that the request has been rejected

	Payer	Provider	Subscriber	Subscriber ID	Authorization
▶	ABC PAYER	GARDENER	SMITH, JOE	12345678901	Rejected

The authorization status is set to 'Rejected'

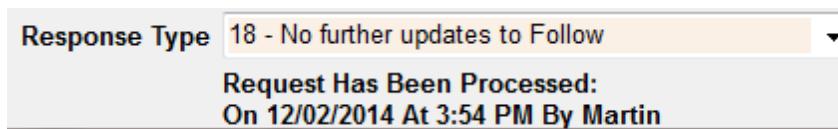
The resultant EDI file will now contain a AAA segment in the 2010B loop with this

information.

```
9 NM1*1P*1*GARDENER*JAMES***24*000012345~  
10 REF*1G*123456~  
11 REF*1J*223457~  
12 AAA*N**35*N~  
13 PRV*C0*PXC*203BS0133X~
```

The EDI file with the AAA segment informing the requester about the rejection reason.

If we again load the request for editing we see now that it has been processed. This important information is also saved in the database.



4.2 Creating the Response

After carefully reviewing the request, we can now respond to the request by clicking the "Adjudicate Request" button in the bottom of the response screen.



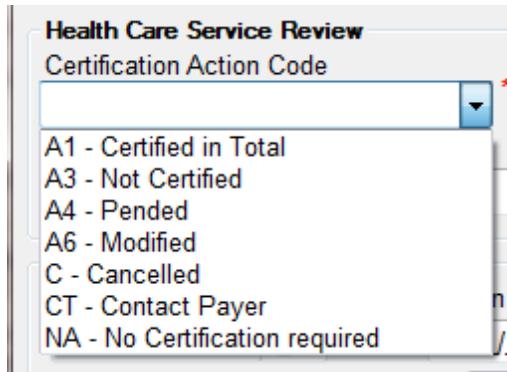
The "Adjudicate Request" button

The following screen will show up:

The screen to compose the response to the request

4.3 Approval, Modification and Rejection of valid request

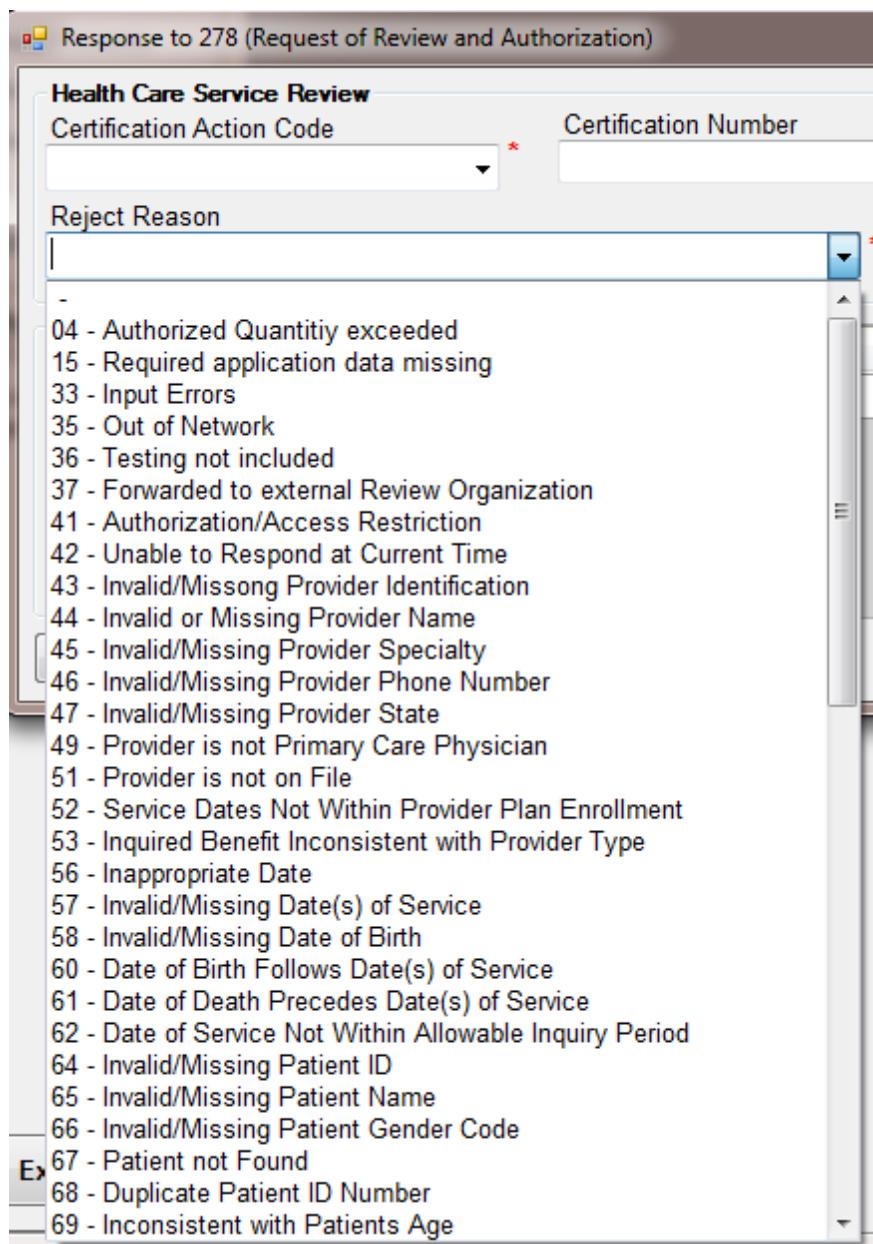
The main segment for the response is the HCR segment. That is where the information from this screen goes. The first combo box let's us choose a certification action code.



The available action codes.

Next comes a certification or authorization number. This will be listed on a later health care claim.

In case we reject the request for other reasons than listed in the formal reject reason we have choose a reason from the drop down box



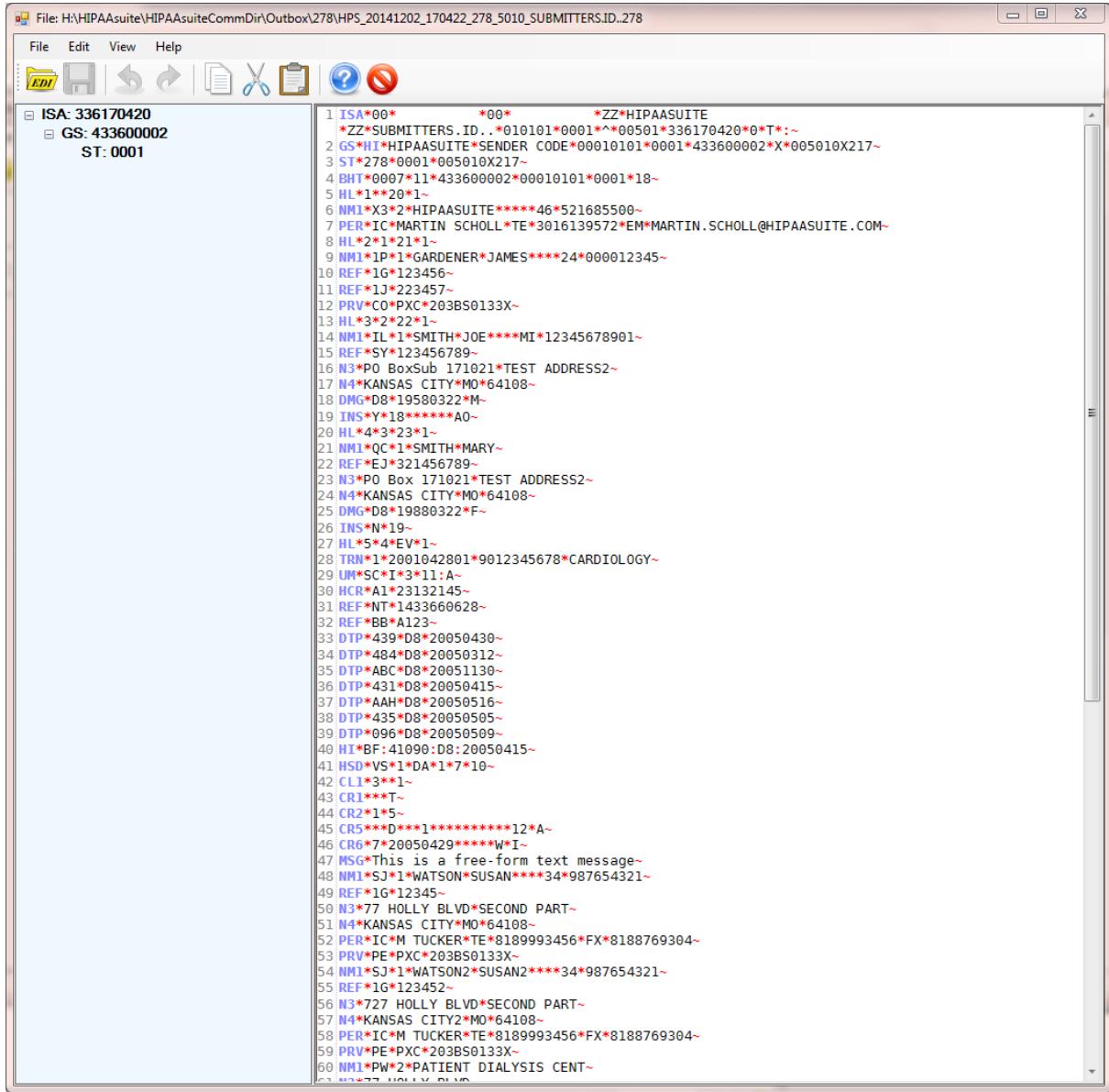
Reject reasons

Next to the HCR segment we have additional date information and reference numbers

4.4 View EDI File

If you are parsing a 278 EDI file and you want to look at the raw data, click on the menu bar "View" → "EDI file". If there is no open EDI file, this option is not enabled.

You will see the following screen.



The screenshot shows a software application window titled "File: H:\HIPAA Suite\HippaSuiteCommDir\Outbox\278\HPS_20141202_170422_278_5010_SUBMITTERS.ID..278". The window has a menu bar with File, Edit, View, Help. Below the menu is a toolbar with icons for Open, Save, Print, Cut, Copy, Paste, Find, and Delete. The main area contains two panes. The left pane shows a hierarchical tree view with nodes: ISA: 336170420, GS: 433600002, and ST: 0001. The right pane displays the raw EDI message content:

```

1 ISA*00* *00* *ZZ*HIPAASUITE
2 ZZ*SUBMITTERS.ID..*010101*0001**00501*336170420*0*T*:
3 GS*H*HIPAASUITE*SENDER CODE*00010101*0001*433600002*X*005010X217~
4 ST*278*0001*005010X217~
5 BHT*0007*11*433600002*00010101*0001*18~
6 HL*1*20*1-
7 NM1*X3*2*HIPAASUITE*****46*521685500-
8 PER*IC*MARTIN SCHOLL*TE*3016139572*EM*MARTIN.SCHOLL@HIPAASUITE.COM-
9 HL*2*1*21*1-
10 NM1*1P*1*GARDENER*JAMES***24*000012345-
11 REF*1G*123456-
12 PRV*CO*PXC*203BS0133X-
13 HL*3*2*22*1-
14 NM1*IL*1*SMITH*JOE***MI*12345678901-
15 REF*SY*123456789-
16 N3*PO BoxSub 171021*TEST ADDRESS2-
17 N4*KANSAS CITY*MO*64108-
18 DMG*D8*19580322*M-
19 INS*Y*18*****A0-
20 HL*4*3*23*1-
21 NM1*QC*1*SMITH*MARY-
22 REF*EJ*321456789-
23 N3*PO Box 171021*TEST ADDRESS2-
24 N4*KANSAS CITY*MO*64108-
25 DMG*D8*19880322*F-
26 INS*N*19-
27 HL*S*4*EV*1-
28 TRN*1*2001042801*9012345678*CARDIOLOGY-
29 UM*SC*1*3*11:A-
30 HCR*A1*23132145-
31 REF*NT*1433660628-
32 REF*BB*A123-
33 DTP*439*D8*20050430-
34 DTP*484*D8*20050312-
35 DTP*ABC*D8*20051130-
36 DTP*431*D8*20050415-
37 DTP*AH*D8*20050516-
38 DTP*435*D8*20050505-
39 DTP*096*D8*20050509-
40 HI*BF:41090:D8:20050415-
41 HSD*VS*1*DA*1*7*10-
42 CL1*3**1-
43 CR1***1-
44 CR2*1*5-
45 CR5***D***1*****12*A-
46 CR6*7*20050429*****W*I-
47 MSG*This is a free-form text message-
48 NM1*SJ*1*WATSON*SUSAN***34*987654321-
49 REF*1G*12345-
50 N3*77 HOLLY BLVD*SECOND PART-
51 N4*KANSAS CITY*MO*64108-
52 PER*IC*M TUCKER*TE*8189993456*FX*8188769304-
53 PRV*PE*PXC*203BS0133X-
54 NM1*SJ*1*WATSON2*SUSAN2***34*987654321-
55 REF*1G*123452-
56 N3*727 HOLLY BLVD*SECOND PART-
57 N4*KANSAS CITY*MO*64108-
58 PER*IC*M TUCKER*TE*8189993456*FX*8188769304-
59 PRV*PE*PXC*203BS0133X-
60 NM1*PW*2*PATIENT DIALYSIS CENT-
61 N3*77 HOLLY BLVD

```

Displaying the 278 response file

This window allows you to

- view the EDI file
- Change the raw EDI file and save it

- Use a context menu that appears on right-clicking the editor and search, replace and use standard text functions such as cut, copy and paste

```
10 PER*IC*Joan*TE*2065551212*FX*2065551213~  
11 PRV*PC*ZZ*203BI0300Y~  
12 HL*3*2*22*1~  
13 DTP*431*D8*20020425~  
14 HI*BK:599.0:D8:20020501~  
15 NM1*IL*1*DOE*JOHN*P***MI*11122333301~  
16 REF*6P*599119~  
17 DMG*D8*19400816*M~  
18 HL*4*3*19*1~  
19 NM1*1T*1*FAWCETTE*JOHNATHAN*Q~  
20 REF*1G*C73845~  
21 N3*806 ST VINCENTIUS DRIVE*SUIT 500~  
22 N4*BELLINGHAM*WA*95487~  
23 PER*IC**TE*2065551214~  
24 PRV*PE*ZZ*246ZV0500N~  
25 HL*5*4*SS*0~  
26 TRN*1*176*1630932323~  
27 UM*SC*1*73*11:A*****Y~  
28 PWK*11*BM***AC*Doe-5-1-02-UTest*Urinalysis Te  
29 SE*27*000000176~  
30 GE*1*176~  
31 IEA*1*00000017~  
32
```

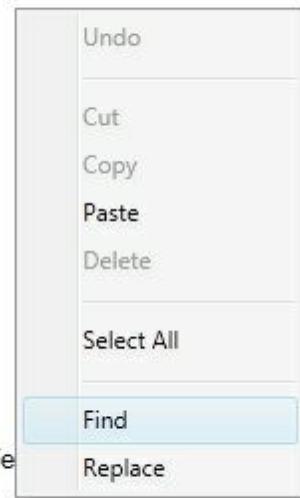


Figure 2: The context menu for the EDI Editor that pops up on right-clicking the editor window

Chapter



5 Database Integration

5.1 Overview

The HIPAA Authorizer can export authorization request records into any ODBC or OleDB compliant database. Exchanges with Microsoft SQL Server, mySQL and IBM AS400 have been successfully demonstrated. The HIPAA Authorizer uses two tables, EDI_AuthorizerHeader and EDI_AuthorizerDetails, into which the 278 data are exported. These tables can also serve as staging tables for the integration with your own system. We recommend that you establish these two tables and process from these staging tables the data into your system and apply your business rules. Once you have the data in a format that is legible to your specific system and experts, you can easily work from those tables.

5.2 Setting up an ODBC Connection

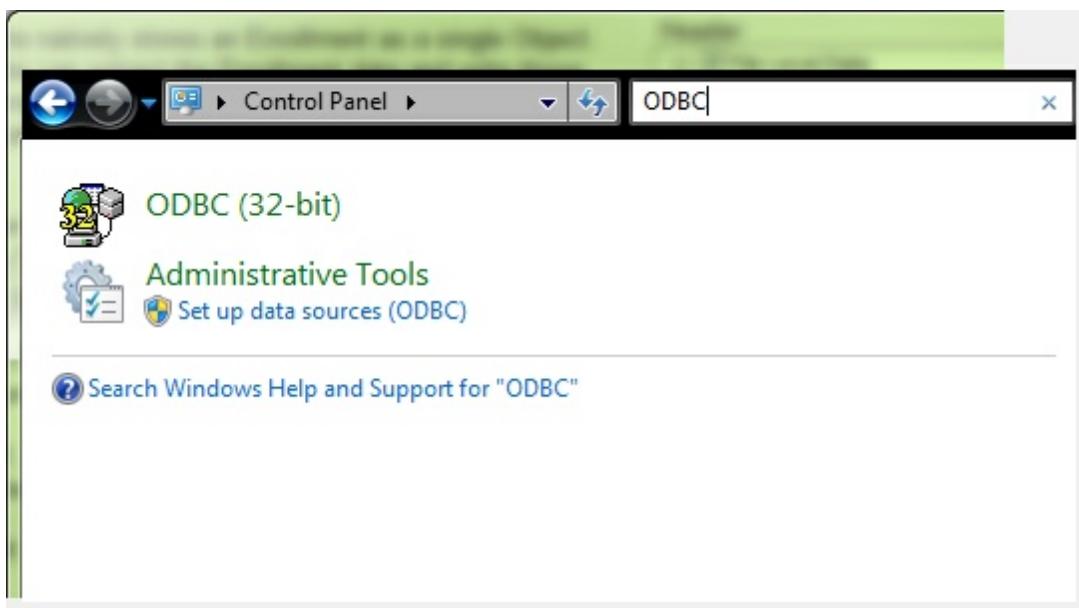
ODBC connection are established in the Windows Control Panel, with newer versions having the ODBC Data Source Setup under the 'Administrative Tools'

Start --> Control Panel



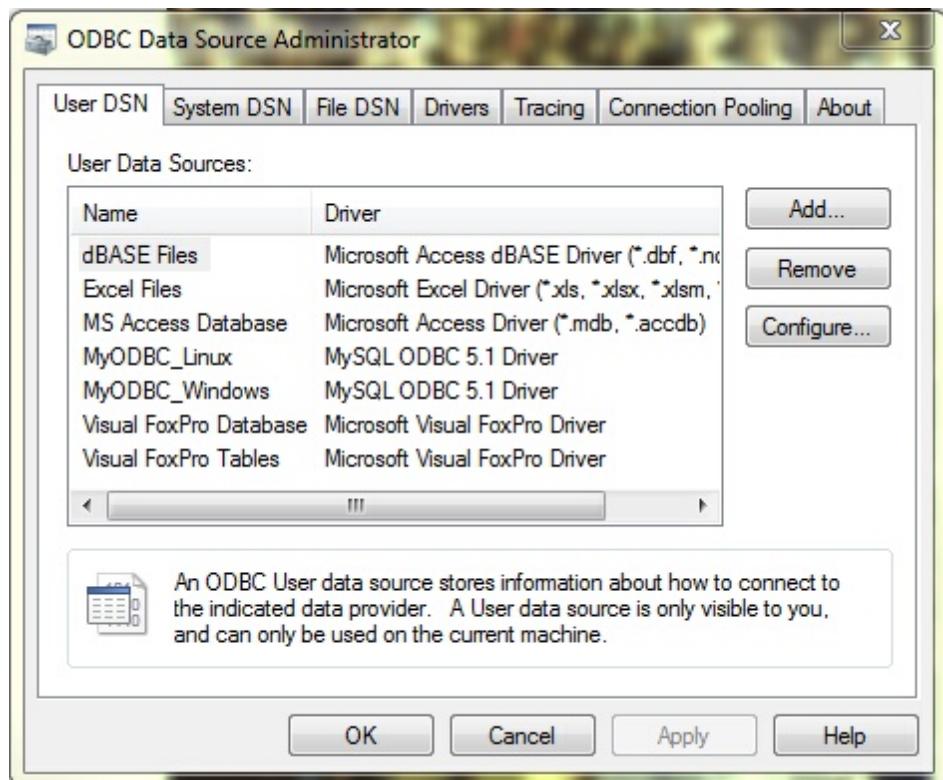
The Windows Control Panel in Vista and later version

I find the easiest way to find anything in the control panel is to search for it. so I type 'ODBC' in the search box in the top right corner of the screen.



[Link to the Data Source Setup Tool](#)

When you click on it you will see this screen



The ODBC Administration screen

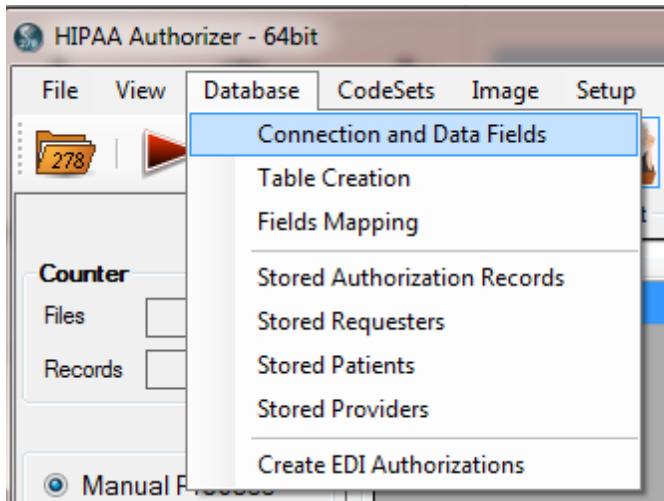
Please consult Windows Help or the internet on specific data source setups.

5.3 Database connection

The HIPAA Authorizer relies on Open Database connectivity (ODBC) or in the case of Microsoft SQL server on OleDB to connect to a database. This means that any database that adheres to the standards of ODBC are suitable to interact with the HIPAA Authorizer. ODBC connections have to be set up in Windows first, before you can use this feature. Typically ODBC connection are established in the Windows Control Panel, with newer versions having the ODBC Data Source Setup under the 'Administrative Tools'

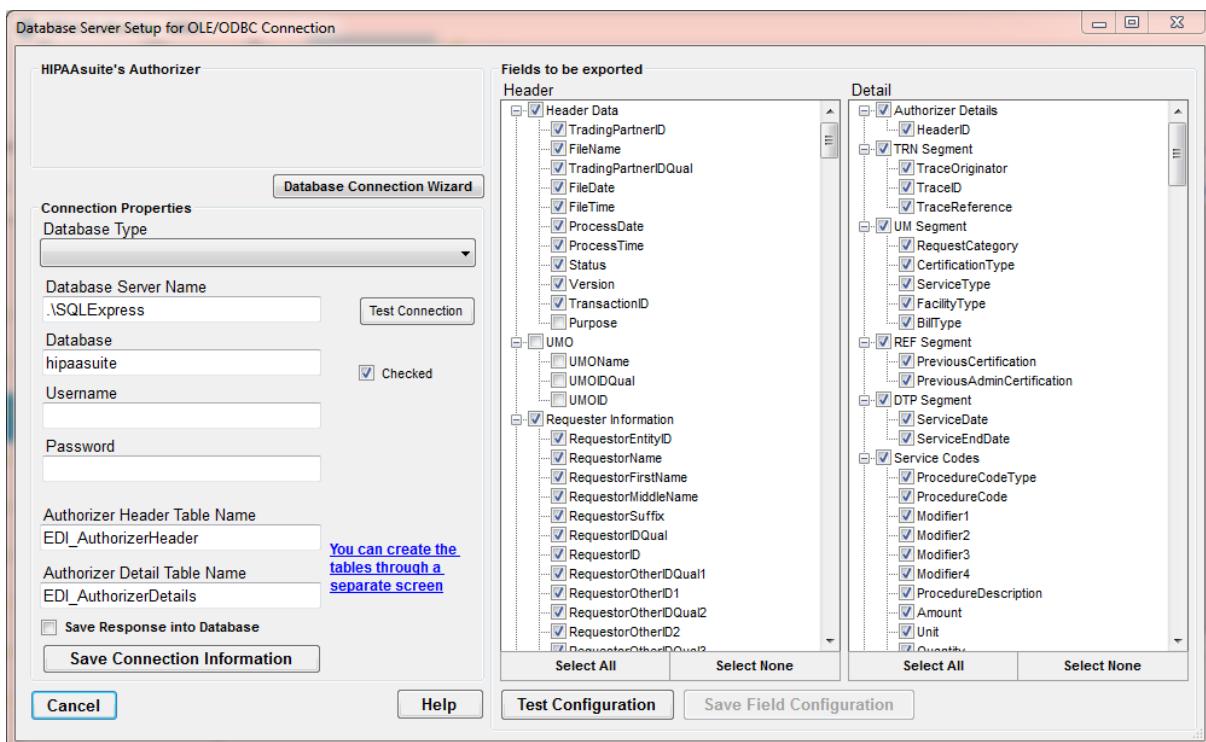
OleDB connections use a database specific data access object or dll. The Authorizer comes by default with MS SQL Server's data access object. Contact us for a modification if you have a different OleDB provider.

Click on the Menu item Database --> Connection and Data Fields



The database menu

and the following screen will show



The connection and field configuration screen.

The right side of the form defines the connection while the left side defines the fields to be exported.

Here the Connection setup

The screenshot shows a 'Connection Properties' dialog box. On the left, under 'Database Type', there is a dropdown menu. On the right, the following fields are visible:

- Database Server Name:** .\SQLExpress
- Database:** hipaaSuite
- Username:** (empty text field)
- Password:** (empty text field)
- Authorizer Header Table Name:** EDI_AuthorizerHeader
- Authorizer Detail Table Name:** EDI_AuthorizerDetails
- Save Response into Database:**
- Save Connection Information:**

A tooltip message 'You can create the tables through a separate screen' is displayed next to the Authorizer Header Table Name field.

Defining the connection parameters

- **Database Type** --- Microsoft SQL Server, either with its own authentication or Windows authentication, ODBC, ODBC for Oracle or Oracle Direct Connect
- **Database Server Name or DSN** --- In case of SQL server this is the IP address or the name of the database server, for ODBC this is the Data Source Name (DSN) that is defined through the [ODBC setup](#) in the Control Panel of Windows
- **Database** --- This is the database under the above connection
- **Username** --- A defined user that has privileges to the database. Not needed for Microsoft SQL server integrated security
- **Password** --- Not needed for Microsoft SQL server integrated security
- **Authorizer Header Table Name** --- The name that you give to your Claim header table. A default name is suggested but can be overwritten

- Authorizer Detail Table Name --- The name of the table that contains the line information. A default name is suggested but can be overwritten
- Save Response into database -- this check mark will enable additional fields in the database that are used to store the response specific data elements.

After filling in all the information, please test the connection by first saving and then clicking on the "Test Connection" button. You cannot export claims before this connection tests successfully.

5.4 Field Setup

The right side of the database setup lists the fields in the 2 tables. We recommend that you select all fields and this way make sure that the complete information possibly in a 278 transaction is stored. As previously mentioned when you check "Save Response into Database" on the left side of the screen, you will see additional fields in the right side.

Fields to be exported

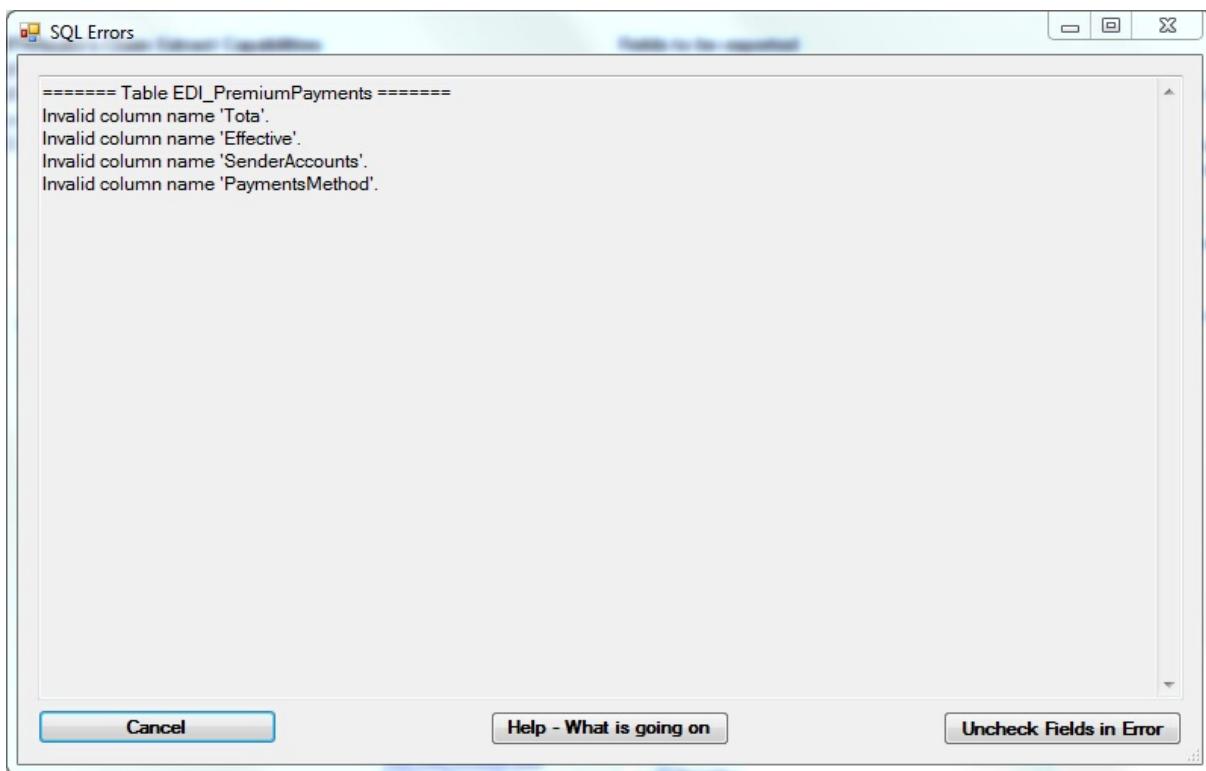
Header		Detail	
<input checked="" type="checkbox"/> Header Data		<input checked="" type="checkbox"/> Authorizer Details	
<input checked="" type="checkbox"/> TradingPartnerID		<input checked="" type="checkbox"/> HeaderID	
<input checked="" type="checkbox"/> FileName		<input checked="" type="checkbox"/> TraceOriginator	
<input checked="" type="checkbox"/> TradingPartnerIDQual		<input checked="" type="checkbox"/> TraceID	
<input checked="" type="checkbox"/> FileDate		<input checked="" type="checkbox"/> TraceReference	
<input checked="" type="checkbox"/> FileTime			
<input checked="" type="checkbox"/> ProcessDate			
<input checked="" type="checkbox"/> ProcessTime			
<input checked="" type="checkbox"/> Status			
<input checked="" type="checkbox"/> Version			
<input checked="" type="checkbox"/> TransactionID			
<input type="checkbox"/> Purpose			
<input type="checkbox"/> UMO			
<input type="checkbox"/> UMOName			
<input type="checkbox"/> UMOIDQual			
<input type="checkbox"/> UMOID			
<input checked="" type="checkbox"/> Requester Information		<input checked="" type="checkbox"/> REF Segment	
<input checked="" type="checkbox"/> RequestorEntityID		<input checked="" type="checkbox"/> PreviousCertification	
<input checked="" type="checkbox"/> RequestorName		<input checked="" type="checkbox"/> PreviousAdminCertification	
<input checked="" type="checkbox"/> RequestorFirstName		<input checked="" type="checkbox"/> DTP Segment	
<input checked="" type="checkbox"/> RequestorMiddleName		<input checked="" type="checkbox"/> ServiceDate	
<input checked="" type="checkbox"/> RequestorSuffix		<input checked="" type="checkbox"/> ServiceEndDate	
<input checked="" type="checkbox"/> RequestorIDQual		<input checked="" type="checkbox"/> Service Codes	
<input checked="" type="checkbox"/> RequestorID		<input checked="" type="checkbox"/> ProcedureCodeType	
<input checked="" type="checkbox"/> RequestorOtherIDQual1		<input checked="" type="checkbox"/> ProcedureCode	
<input checked="" type="checkbox"/> RequestorOtherID1		<input checked="" type="checkbox"/> Modifier1	
<input checked="" type="checkbox"/> RequestorOtherIDQual2		<input checked="" type="checkbox"/> Modifier2	
<input checked="" type="checkbox"/> RequestorOtherID2		<input checked="" type="checkbox"/> Modifier3	
<input checked="" type="checkbox"/> RequestorOtherIDQual3		<input checked="" type="checkbox"/> Modifier4	
<input type="checkbox"/> Select All		<input checked="" type="checkbox"/> ProcedureDescription	
<input type="checkbox"/> Select None		<input checked="" type="checkbox"/> Amount	
		<input checked="" type="checkbox"/> Unit	
		<input checked="" type="checkbox"/> Quantity	
<input type="checkbox"/> Test Configuration		<input type="checkbox"/> Save Field Configuration	

The field selection screen

After you select the fields you must test the configuration before you can save the fields. If you do not have a selected field in your database you will see an error screen come up

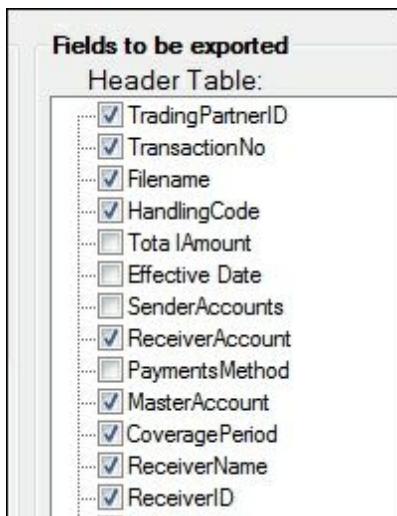
5.5 Field Errors

If fields don't exist in the database that you specified, you will see an error screen



The error screen you will see if the field selection contains non-existing fields.

Study the errors in detail and see what went wrong. In this case for demonstration purposes I changed a few field names and of course that caused this error. My best option is to click the "Uncheck the Fields in Error" button and return to the field selection screen.



The fields in error are now unchecked.

5.6 SQL Table scripts

Below are the scripts for Microsoft SQL Server. If you have a different database, you will have to slightly alter the scripts.

Both tables have an 'ID' column that is self incrementing.

The field 'HeaderID' in the child table is the foreign key and points to the ID in the header table.

```
CREATE TABLE [edi_AuthorizerHeader](
```

```
    [Id] [bigint] IDENTITY(1,1) NOT NULL,  
    [TradingPartnerID] [char](15) NULL,  
    [TradingPartnerIDQual] [char](2) NULL,  
    [FileDate] [date] NULL,  
    [FileTime] [char](10) NULL,  
    [FileName] [varchar](100) NULL,  
    [ProcessDate] [date] NULL,  
    [ProcessTime] [char](10) NULL,  
    [Status] [tinyint] NULL,  
    [Version] [char](12) NULL,  
    [TransactionID] [varchar](30) NULL,  
    [Purpose] [char](2) NULL,  
    [UMOName] [varchar](35) NULL,  
    [UMOIDQual] [char](2) NULL,  
    [UMOID] [varchar](30) NULL,  
    [UMOContact] [varchar](60) NULL,  
    [UMOPhone] [varchar](20) NULL,  
    [UMOExtension] [varchar](10) NULL,  
    [UMOFax] [varchar](20) NULL,
```

```
[UMOEmail] [varchar](60) NULL,  
[UMOURL] [varchar](100) NULL,  
[UMO_RequestValid1] [char](1) NULL,  
[UMO_RejectReason1] [char](2) NULL,  
[UMO_FollowUpCode1] [char](1) NULL,  
[UMO_RequestValid2] [char](1) NULL,  
[UMO_RejectReason2] [char](2) NULL,  
[UMO_FollowUpCode2] [char](1) NULL,  
--[UMO_RequestValid3] [char](1) NULL,  
--[UMO_RejectReason3] [char](2) NULL,  
--[UMO_FollowUpCode3] [char](1) NULL,  
--[UMO_RequestValid4] [char](1) NULL,  
--[UMO_RejectReason4] [char](2) NULL,  
--[UMO_FollowUpCode4] [char](1) NULL,  
--[UMO_RequestValid5] [char](1) NULL,  
--[UMO_RejectReason5] [char](2) NULL,  
--[UMO_FollowUpCode5] [char](1) NULL,  
--[UMO_RequestValid6] [char](1) NULL,  
--[UMO_RejectReason6] [char](2) NULL,  
--[UMO_FollowUpCode6] [char](1) NULL,  
--[UMO_RequestValid7] [char](1) NULL,  
--[UMO_RejectReason7] [char](2) NULL,  
--[UMO_FollowUpCode7] [char](1) NULL,  
--[UMO_RequestValid8] [char](1) NULL,  
--[UMO_RejectReason8] [char](2) NULL,  
--[UMO_FollowUpCode8] [char](1) NULL,
```

```
--[UMO_RequestValid9] [char](1) NULL,  
--[UMO_RejectReason9] [char](2) NULL,  
--[UMO_FollowUpCode9] [char](1) NULL,  
[UMOName_RejectReason1] [char](2) NULL,  
[UMOName_FollowUpCode1] [char](1) NULL,  
[UMOName_RejectReason2] [char](2) NULL,  
[UMOName_FollowUpCode2] [char](1) NULL,  
--[UMOName_RejectReason3] [char](2) NULL,  
--[UMOName_FollowUpCode3] [char](1) NULL,  
--[UMOName_RejectReason4] [char](2) NULL,  
--[UMOName_FollowUpCode4] [char](1) NULL,  
--[UMOName_RejectReason5] [char](2) NULL,  
--[UMOName_FollowUpCode5] [char](1) NULL,  
--[UMOName_RejectReason6] [char](2) NULL,  
--[UMOName_FollowUpCode6] [char](1) NULL,  
--[UMOName_RejectReason7] [char](2) NULL,  
--[UMOName_FollowUpCode7] [char](1) NULL,  
--[UMOName_RejectReason8] [char](2) NULL,  
--[UMOName_FollowUpCode8] [char](1) NULL,  
--[UMOName_RejectReason9] [char](2) NULL,  
--[UMOName_FollowUpCode9] [char](1) NULL,  
[RequestorEntityID] [char](2) NULL,  
[RequestorName] [varchar](35) NULL,  
[RequestorFirstName] [varchar](25) NULL,  
[RequestorMiddleName] [varchar](10) NULL,  
[RequestorSuffix] [varchar](10) NULL,
```

[RequestorIDQual] [char](2) NULL,
[RequestorID] [varchar](30) NULL,
[RequestorOtherIDQual1] [varchar](3) NULL,
[RequestorOtherID1] [varchar](30) NULL,
[RequestorOtherIDQual2] [varchar](3) NULL,
[RequestorOtherID2] [varchar](30) NULL,
[RequestorOtherIDQual3] [varchar](3) NULL,
[RequestorOtherID3] [varchar](30) NULL,
[RequestorAddress1] [varchar](55) NULL,
[RequestorAddress2] [varchar](55) NULL,
[RequestorCity] [varchar](30) NULL,
[RequestorState] [char](2) NULL,
[RequestorZip] [varchar](15) NULL,
[RequestorCountry] [varchar](3) NULL,
[RequestorSubdivision] [varchar](3) NULL,
[RecieverContact] [varchar](60) NULL,
[RequestorTelefone] [varchar](20) NULL,
[RequestorExtension] [varchar](10) NULL,
[RequestorFax] [varchar](20) NULL,
[RequestorEmail] [varchar](60) NULL,
[RequestorURL] [varchar](100) NULL,
[RequestorProviderCode] [char](2) NULL,
[RequestorProviderTaxonomy] [varchar](30) NULL,
[Requester_RejectReason1] [char](2) NULL,
[Requester_FollowUpCode1] [char](1) NULL,
[Requester_RejectReason2] [char](2) NULL,

```
[Requester_FollowUpCode2] [char](1) NULL,  
--[Requester_RejectReason3] [char](2) NULL,  
--[Requester_FollowUpCode3] [char](1) NULL,  
--[Requester_RejectReason4] [char](2) NULL,  
--[Requester_FollowUpCode4] [char](1) NULL,  
--[Requester_RejectReason5] [char](2) NULL,  
--[Requester_FollowUpCode5] [char](1) NULL,  
--[Requester_RejectReason6] [char](2) NULL,  
--[Requester_FollowUpCode6] [char](1) NULL,  
--[Requester_RejectReason7] [char](2) NULL,  
--[Requester_FollowUpCode7] [char](1) NULL,  
--[Requester_RejectReason8] [char](2) NULL,  
--[Requester_FollowUpCode8] [char](1) NULL,  
--[Requester_RejectReason9] [char](2) NULL,  
--[Requester_FollowUpCode9] [char](1) NULL,  
  
[SubscriberName] [varchar](35) NULL,  
[SubscriberFirstName] [varchar](25) NULL,  
[SubscriberMiddleName] [varchar](10) NULL,  
[SubscriberSuffix] [varchar](10) NULL,  
[SubscriberIDQual] [char](2) NULL,  
[SubscriberID] [varchar](30) NULL,  
[SubscriberOtherIDQual1] [varchar](3) NULL,  
[SubscriberOtherID1] [varchar](30) NULL,  
[SubscriberOtherIDQual2] [varchar](3) NULL,  
[SubscriberOtherID2] [varchar](30) NULL,  
[SubscriberOtherIDQual3] [varchar](3) NULL,
```

```
[SubscriberOtherID3] [varchar](30) NULL,  
[SubscriberAddress1] [varchar](55) NULL,  
[SubscriberAddress2] [varchar](55) NULL,  
[SubscriberCity] [varchar](30) NULL,  
[SubscriberState] [char](2) NULL,  
[SubscriberZip] [varchar](15) NULL,  
[SubscriberCountry] [varchar](3) NULL,  
[SubscriberSubdivision] [varchar](3) NULL,  
[SubscriberSex] [char](2) NULL,  
[SubscriberBirthDate] [date] NULL,  
[SubscriberRelationship] [char](2) NULL,  
[SubscriberEmploymentStatus] [char](2) NULL,  
[Subscriber_RejectReason1] [char](2) NULL,  
[Subscriber_FollowUpCode1] [char](1) NULL,  
[Subscriber_RejectReason2] [char](2) NULL,  
[Subscriber_FollowUpCode2] [char](1) NULL,  
--[Subscriber_RejectReason3] [char](2) NULL,  
--[Subscriber_FollowUpCode3] [char](1) NULL,  
--[Subscriber_RejectReason4] [char](2) NULL,  
--[Subscriber_FollowUpCode4] [char](1) NULL,  
--[Subscriber_RejectReason5] [char](2) NULL,  
--[Subscriber_FollowUpCode5] [char](1) NULL,  
--[Subscriber_RejectReason6] [char](2) NULL,  
--[Subscriber_FollowUpCode6] [char](1) NULL,  
--[Subscriber_RejectReason7] [char](2) NULL,  
--[Subscriber_FollowUpCode7] [char](1) NULL,
```

```
--[Subscriber_RejectReason8] [char](2) NULL,  
--[Subscriber_FollowUpCode8] [char](1) NULL,  
--[Subscriber_RejectReason9] [char](2) NULL,  
--[Subscriber_FollowUpCode9] [char](1) NULL,  
[DependentRelationship] [char](2) NULL,  
[DependentBirthOrder] [int] NULL,  
[DependentName] [varchar](35) NULL,  
[DependentFirstName] [varchar](25) NULL,  
[DependentMiddleName] [varchar](10) NULL,  
[DependentSuffix] [varchar](10) NULL,  
[DependentIDQual] [char](2) NULL,  
[DependentID] [varchar](30) NULL,  
[DependentOtherIDQual1] [varchar](3) NULL,  
[DependentOtherID1] [varchar](30) NULL,  
[DependentOtherIDQual2] [varchar](3) NULL,  
[DependentOtherID2] [varchar](30) NULL,  
[DependentOtherIDQual3] [varchar](3) NULL,  
[DependentOtherID3] [varchar](30) NULL,  
[DependentAddress1] [varchar](55) NULL,  
[DependentAddress2] [varchar](55) NULL,  
[DependentCity] [varchar](30) NULL,  
[DependentState] [char](2) NULL,  
[DependentZip] [varchar](15) NULL,  
[DependentCountry] [varchar](3) NULL,  
[DependentSubdivision] [varchar](3) NULL,  
[DependentSex] [char](2) NULL,
```

```
[DependentBirthDate] [date] NULL,  
[Dependent_RejectReason1] [char](2) NULL,  
[Dependent_FollowUpCode1] [char](1) NULL,  
[Dependent_RejectReason2] [char](2) NULL,  
[Dependent_FollowUpCode2] [char](1) NULL,  
--[Dependent_RejectReason3] [char](2) NULL,  
--[Dependent_FollowUpCode3] [char](1) NULL,  
--[Dependent_RejectReason4] [char](2) NULL,  
--[Dependent_FollowUpCode4] [char](1) NULL,  
--[Dependent_RejectReason5] [char](2) NULL,  
--[Dependent_FollowUpCode5] [char](1) NULL,  
--[Dependent_RejectReason6] [char](2) NULL,  
--[Dependent_FollowUpCode6] [char](1) NULL,  
--[Dependent_RejectReason7] [char](2) NULL,  
--[Dependent_FollowUpCode7] [char](1) NULL,  
--[Dependent_RejectReason8] [char](2) NULL,  
--[Dependent_FollowUpCode8] [char](1) NULL,  
--[Dependent_RejectReason9] [char](2) NULL,  
--[Dependent_FollowUpCode9] [char](1) NULL,  
/*TRN*/  
[TraceOriginator] [varchar](30) NULL,  
[TraceID] [varchar](30) NULL,  
[TraceReference] [varchar](30) NULL,  
/****RESPONSE****/  
[ResponseType] [char](2) NULL,  
[CertificationAction] [char](2) NULL,
```

```
[CertificationNumber] [varchar](50) NULL,  
[DecisionReason] [varchar](30) NULL,  
[SecondSurgicalOpinion] [char](1) NULL,  
[IssueDate] [date] NULL,  
[ExpirationDate] [date] NULL,  
[EffectiveDate] [date] NULL,  
[EffectiveEndDate] [date] NULL,  
[ReferenceNumber] [varchar](50) NULL,  
[Patient_RejectReason1] [char](2) NULL,  
[Patient_FollowUpCode1] [char](1) NULL,  
[Patient_RejectReason2] [char](2) NULL,  
[Patient_FollowUpCode2] [char](1) NULL,  
--[Patient_RejectReason3] [char](2) NULL,  
--[Patient_FollowUpCode3] [char](1) NULL,  
--[Patient_RejectReason4] [char](2) NULL,  
--[Patient_FollowUpCode4] [char](1) NULL,  
--[Patient_RejectReason5] [char](2) NULL,  
--[Patient_FollowUpCode5] [char](1) NULL,  
--[Patient_RejectReason6] [char](2) NULL,  
--[Patient_FollowUpCode6] [char](1) NULL,  
--[Patient_RejectReason7] [char](2) NULL,  
--[Patient_FollowUpCode7] [char](1) NULL,  
--[Patient_RejectReason8] [char](2) NULL,  
--[Patient_FollowUpCode8] [char](1) NULL,  
--[Patient_RejectReason9] [char](2) NULL,  
--[Patient_FollowUpCode9] [char](1) NULL,
```

```
[LOINC_Code1] [varchar](10) NULL,  
[LOINC_Code2] [varchar](10) NULL,  
[LOINC_Code3] [varchar](10) NULL,  
[LOINC_Code4] [varchar](10) NULL,  
[LOINC_Code5] [varchar](10) NULL,  
[LOINC_Code6] [varchar](10) NULL,  
[LOINC_Code7] [varchar](10) NULL,  
[LOINC_Code8] [varchar](10) NULL,  
[LOINC_Code9] [varchar](10) NULL,  
[LOINC_Code10] [varchar](10) NULL,  
[LOINC_Code11] [varchar](10) NULL,  
[LOINC_Code12] [varchar](10) NULL,  
[ResponseFileName] [varchar](100) NULL,  
[ResponseUser] [varchar](40) NULL,  
[ResponseFileDialog] [date] NULL,  
[ResponseFileType] [char](10) NULL,  
/*UM*/  
[RequestCategory] [char](2) NULL,  
[CertificationType] [char](1) NULL,  
[ServiceType] [varchar](2) NULL,  
[FacilityType] [varchar](2) NULL,  
[FacilityCode] [varchar](2) NULL,  
[RelatedCause1] [varchar](3) NULL,  
[RelatedCause2] [varchar](3) NULL,  
[RelatedCause3] [varchar](3) NULL,  
[AccidentState] [char](2) NULL,
```

```
[AccidentCountry] [varchar](3) NULL,  
[ServiceLevel] [varchar](3) NULL,  
[ConditionCode] [char](1) NULL,  
[PrognosisCode] [char](1) NULL,  
[ReleaseOfInformationCode] [char](1) NULL,  
[DelayReasonCode] [varchar](2) NULL,  
/*REF*/  
[PreviousCertification] [varchar](30) NULL,  
[PreviousAdminCertification] [varchar](30) NULL,  
/*DTP*/  
[AccidentDate] [date] NULL,  
[LastMenstrualDate] [date] NULL,  
[EstimatedDateofBirth] [date] NULL,  
[OnsetDate] [date] NULL,  
[EventDate] [date] NULL,  
[AdmissionDate] [date] NULL,  
[DischargeDate] [date] NULL,  
/*HI Diagnosis*/  
[AdmitDiagnosisCodeType] [char](3) NULL,  
[AdmitDiagnosisCode] [varchar](35) NULL,  
[AdmitDiagnosisDate] [date] NULL,  
[PrincipalDiagnosisCodeType] [char](3) NULL,  
[PrincipalDiagnosisCode] [varchar](35) NULL,  
[PrincipalDiagnosisDate] [date] NULL,  
[ReasonForVisitCodeType] [char](3) NULL,  
[ReasonForVisitCode] [varchar](35) NULL,
```

```
[ReasonForVisitDate] [date] NULL,  
[DRGCodeType] [char](3) NULL,  
[DRGCode] [varchar](35) NULL,  
[DRGDate] [date] NULL,  
[DiagnosisCodeType1] [char](3) NULL,  
[DiagnosisCode1] [varchar](35) NULL,  
[DiagnosisDate1] [date] NULL,  
[DiagnosisCodeType2] [char](3) NULL,  
[DiagnosisCode2] [varchar](35) NULL,  
[DiagnosisDate2] [date] NULL,  
[DiagnosisCodeType3] [char](3) NULL,  
[DiagnosisCode3] [varchar](35) NULL,  
[DiagnosisDate3] [date] NULL,  
[DiagnosisCodeType4] [char](3) NULL,  
[DiagnosisCode4] [varchar](35) NULL,  
[DiagnosisDate4] [date] NULL,  
[DiagnosisCodeType5] [char](3) NULL,  
[DiagnosisCode5] [varchar](35) NULL,  
[DiagnosisDate5] [date] NULL,  
[DiagnosisCodeType6] [char](3) NULL,  
[DiagnosisCode6] [varchar](35) NULL,  
[DiagnosisDate6] [date] NULL,  
[DiagnosisCodeType7] [char](3) NULL,  
[DiagnosisCode7] [varchar](35) NULL,  
[DiagnosisDate7] [date] NULL,  
[DiagnosisCodeType8] [char](3) NULL,
```

```
[DiagnosisCode8] [varchar](35) NULL,  
[DiagnosisDate8] [date] NULL,  
[DiagnosisCodeType9] [char](3) NULL,  
[DiagnosisCode9] [varchar](35) NULL,  
[DiagnosisDate9] [date] NULL,  
/*HSD*/  
[HSDQuantityQualifier] [char](2) NULL,  
[HSDQuantity] [bigint] NULL,  
[HSDUnitCode] [char](2) NULL,  
[HSDSampleModulus] [varchar](6) NULL,  
[HSDTimePeriodQualifier] [varchar](2) NULL,  
[HSDPeriodCount] [int] NULL,  
[HSDServicePatternCode] [varchar](2) NULL,  
[HSDTimePatternCode] [char](1) NULL,  
/*CRC*/  
[ConditionCodeCategory1] [char](2) NULL,  
[ConditionCodeIndicator1] [char](1) NULL,  
[ConditionCode1_1] [char](2) NULL,  
[ConditionCode1_2] [char](2) NULL,  
[ConditionCode1_3] [char](2) NULL,  
[ConditionCode1_4] [char](2) NULL,  
[ConditionCode1_5] [char](2) NULL,  
[ConditionCodeCategory2] [char](2) NULL,  
[ConditionCodeIndicator2] [char](1) NULL,  
[ConditionCode2_1] [char](2) NULL,  
[ConditionCode2_2] [char](2) NULL,
```

```
[ConditionCode2_3] [char](2) NULL,  
[ConditionCode2_4] [char](2) NULL,  
[ConditionCode2_5] [char](2) NULL,  
/*CL1*/  
[AdmissionTypeCode] [char](1) NULL,  
[AdmissionSourceCode] [char](1) NULL,  
[PatientStatus] [varchar](2) NULL,  
[NursingHomeStatus] [char](1) NULL,  
/*CR1 Ambulance Certification*/  
[WeightUnit] [char](2) NULL,  
[PatientWeight] [numeric](18, 2) NULL,  
[AmbulanceTransport] [char](1) NULL,  
[AmbulanceReason] [char](1) NULL,  
[DistanceUnit] [char](2) NULL,  
[TransportDistance] [numeric](18, 2) NULL,  
[TransportFrom] [varchar](55) NULL,  
[TransportTo] [varchar](55) NULL,  
[TripPurposeDescription] [varchar](80) NULL,  
[StretcherPurposeDescription] [varchar](80) NULL,  
/*CR2 Chiropractic Care*/  
[TreatmentSeries] [varchar](9) NULL,  
[TreatmentCount] [bigint] NULL,  
[SubluxationCode1] [varchar](3) NULL,  
[SubluxationCode2] [varchar](3) NULL,  
[TreatmentPeriodUnit] [char](2) NULL,  
[TreatmentPeriodCount] [bigint] NULL,
```

```
[TreatmentMonthlyCount] [bigint] NULL,  
[TreatmentCondition] [char](1) NULL,  
[TreatmentComplication] [char](1) NULL,  
[TreatmentDescription] [varchar](80) NULL,  
[TreatmentDescription2] [varchar](80) NULL,  
[TreatmentXRayAvailable] [char](1) NULL,  
/*CR5 Home Oxygen*/  
[OxygenEquipment1] [char](1) NULL,  
[OxygenEquipment2] [char](1) NULL,  
[EqipmentReason] [varchar](80) NULL,  
[OxygenFlowRate] [bigint] NULL,  
[DailyUseCount] [bigint] NULL,  
[HourlyUseCount] [bigint] NULL,  
[RespiratoryTherapistOrder] [varchar](80) NULL,  
[ArterialBloodGasQty] [bigint] NULL,  
[OxygenSaturationQty] [bigint] NULL,  
[OxygenTestCondition] [char](1) NULL,  
[OxygenTestFindings1] [char](1) NULL,  
[OxygenTestFindings2] [char](1) NULL,  
[OxygenTestFindings3] [char](1) NULL,  
[PortableOxygenFlowRate] [bigint] NULL,  
[OxygenDeliverySystem] [char](1) NULL,  
[OxygenEqipmentType] [char](1) NULL,  
/*CR6 Home Health*/  
[PrognosisCode1] [char](1) NULL,  
[HomeHealthStartDate] [date] NULL,
```

```
[HomeHealthCertificationFrom] [date] NULL,  
[HomeHealthCertificationTo] [date] NULL,  
[SkilledNursingIndication] [char](1) NULL,  
[MedicareCoverageIndicator] [char](1) NULL,  
[HomeHealthCertificationType] [char](1) NULL,  
[HomeHealthRelatedSurgeryDate] [date] NULL,  
[HomeHealthRelatedSurgeryQual] [char](2) NULL,  
[HomeHealthRelatedSurgeryCode] [varchar](15) NULL,  
[HomeHealthPhysicianOrderDate] [date] NULL,  
[HomeHealthLastVisitDate] [date] NULL,  
[HomeHealthPhysicianContactDate] [date] NULL,  
[HomeHealthLastAdmissionFrom] [date] NULL,  
[HomeHealthLastAdmissionTo] [date] NULL,  
[HomeHealthFacilityType] [char](1) NULL,  
/*PWK*/  
[ReportType1] [varchar](2) NULL,  
[ReportTransmCode1] [varchar](2) NULL,  
[ReportID1] [varchar](80) NULL,  
[ReportDescription1] [varchar](80) NULL,  
[ReportType2] [varchar](2) NULL,  
[ReportTransmCode2] [varchar](2) NULL,  
[ReportID2] [varchar](80) NULL,  
[ReportDescription2] [varchar](80) NULL,  
[ReportType3] [varchar](2) NULL,  
[ReportTransmCode3] [varchar](2) NULL,  
[ReportID3] [varchar](80) NULL,
```

```
[ReportDescription3] [varchar](80) NULL,  
[ResponseReportType1] [varchar](2) NULL,  
[ResponseReportTransmCode1] [varchar](2) NULL,  
[ResponseReportID1] [varchar](80) NULL,  
[ResponseReportDescription1] [varchar](80) NULL,  
[ResponseReportType2] [varchar](2) NULL,  
[ResponseReportTransmCode2] [varchar](2) NULL,  
[ResponseReportID2] [varchar](80) NULL,  
[ResponseReportDescription2] [varchar](80) NULL,  
[ResponseReportType3] [varchar](2) NULL,  
[ResponseReportTransmCode3] [varchar](2) NULL,  
[ResponseReportID3] [varchar](80) NULL,  
[ResponseReportDescription3] [varchar](80) NULL,  
/*MSG*/  
[Message] [varchar](264) NULL,  
/*Provider 1*/  
[Provider1EntityID] [char](2) NULL,  
[Provider1Name] [varchar](60) NULL,  
[Provider1FirstName] [varchar](35) NULL,  
[Provider1MiddleName] [varchar](25) NULL,  
[Provider1Suffix] [varchar](10) NULL,  
[Provider1IDQual] [char](2) NULL,  
[Provider1ID] [varchar](30) NULL,  
[Provider1OtherIDQual1] [varchar](3) NULL,  
[Provider1OtherID1] [varchar](30) NULL,  
[Provider1OtherIDDesc1] [varchar](80) NULL,
```

```
[Provider1OtherIDQual2] [varchar](3) NULL,  
[Provider1OtherID2] [varchar](30) NULL,  
[Provider1OtherIDDesc2] [varchar](80) NULL,  
[Provider1OtherIDQual3] [varchar](3) NULL,  
[Provider1OtherID3] [varchar](30) NULL,  
[Provider1OtherIDDesc3] [varchar](80) NULL,  
[Provider1Address1] [varchar](55) NULL,  
[Provider1Address2] [varchar](55) NULL,  
[Provider1City] [varchar](25) NULL,  
[Provider1State] [char](2) NULL,  
[Provider1Zip] [varchar](10) NULL,  
[Provider1Contact] [varchar](60) NULL,  
[Provider1Telefone] [varchar](20) NULL,  
[Provider1Extension] [varchar](10) NULL,  
[Provider1Fax] [varchar](20) NULL,  
[Provider1Email] [varchar](60) NULL,  
[Provider1URL] [varchar](100) NULL,  
[Provider1TypeCode] [char](2) NULL,  
[Provider1Taxonomy] [varchar](30) NULL,  
[Provider1_RejectReason1] [char](2) NULL,  
[Provider1_FollowUpCode1] [char](1) NULL,  
[Provider1_RejectReason2] [char](2) NULL,  
[Provider1_FollowUpCode2] [char](1) NULL,  
--[Provider1_RejectReason3] [char](2) NULL,  
--[Provider1_FollowUpCode3] [char](1) NULL,  
--[Provider1_RejectReason4] [char](2) NULL,
```

```
--[Provider1_FollowUpCode4] [char](1) NULL,  
--[Provider1_RejectReason5] [char](2) NULL,  
--[Provider1_FollowUpCode5] [char](1) NULL,  
--[Provider1_RejectReason6] [char](2) NULL,  
--[Provider1_FollowUpCode6] [char](1) NULL,  
--[Provider1_RejectReason7] [char](2) NULL,  
--[Provider1_FollowUpCode7] [char](1) NULL,  
--[Provider1_RejectReason8] [char](2) NULL,  
--[Provider1_FollowUpCode8] [char](1) NULL,  
--[Provider1_RejectReason9] [char](2) NULL,  
--[Provider1_FollowUpCode9] [char](1) NULL,  
  
/*Provider 2*/  
  
[Provider2EntityID] [char](2) NULL,  
[Provider2Name] [varchar](60) NULL,  
[Provider2FirstName] [varchar](35) NULL,  
[Provider2MiddleName] [varchar](25) NULL,  
[Provider2Suffix] [varchar](10) NULL,  
[Provider2IDQual] [char](2) NULL,  
[Provider2ID] [varchar](30) NULL,  
[Provider2OtherIDQual1] [varchar](3) NULL,  
[Provider2OtherID1] [varchar](30) NULL,  
[Provider2OtherIDDesc1] [varchar](80) NULL,  
[Provider2OtherIDQual2] [varchar](3) NULL,  
[Provider2OtherID2] [varchar](30) NULL,  
[Provider2OtherIDDesc2] [varchar](80) NULL,  
[Provider2OtherIDQual3] [varchar](3) NULL,
```

```
[Provider2OtherID3] [varchar](30) NULL,  
[Provider2OtherIDDesc3] [varchar](80) NULL,  
[Provider2Address1] [varchar](55) NULL,  
[Provider2Address2] [varchar](55) NULL,  
[Provider2City] [varchar](25) NULL,  
[Provider2State] [char](2) NULL,  
[Provider2Zip] [varchar](10) NULL,  
[Provider2Contact] [varchar](60) NULL,  
[Provider2Telefone] [varchar](20) NULL,  
[Provider2Extension] [varchar](10) NULL,  
[Provider2Fax] [varchar](20) NULL,  
[Provider2Email] [varchar](60) NULL,  
[Provider2URL] [varchar](100) NULL,  
[Provider2TypeCode] [char](2) NULL,  
[Provider2Taxonomy] [varchar](30) NULL,  
[Provider2_RejectReason1] [char](2) NULL,  
[Provider2_FollowUpCode1] [char](1) NULL,  
[Provider2_RejectReason2] [char](2) NULL,  
[Provider2_FollowUpCode2] [char](1) NULL,  
--[Provider2_RejectReason3] [char](2) NULL,  
--[Provider2_FollowUpCode3] [char](1) NULL,  
--[Provider2_RejectReason4] [char](2) NULL,  
--[Provider2_FollowUpCode4] [char](1) NULL,  
--[Provider2_RejectReason5] [char](2) NULL,  
--[Provider2_FollowUpCode5] [char](1) NULL,  
--[Provider2_RejectReason6] [char](2) NULL,
```

```
--[Provider2_FollowUpCode6] [char](1) NULL,  
--[Provider2_RejectReason7] [char](2) NULL,  
--[Provider2_FollowUpCode7] [char](1) NULL,  
--[Provider2_RejectReason8] [char](2) NULL,  
--[Provider2_FollowUpCode8] [char](1) NULL,  
--[Provider2_RejectReason9] [char](2) NULL,  
--[Provider2_FollowUpCode9] [char](1) NULL,  
/*Provider 3*/  
  
[Provider3EntityID] [char](2) NULL,  
[Provider3Name] [varchar](60) NULL,  
[Provider3FirstName] [varchar](35) NULL,  
[Provider3MiddleName] [varchar](25) NULL,  
[Provider3Suffix] [varchar](10) NULL,  
[Provider3IDQual] [char](2) NULL,  
[Provider3ID] [varchar](30) NULL,  
[Provider3OtherIDQual1] [varchar](3) NULL,  
[Provider3OtherID1] [varchar](30) NULL,  
[Provider3OtherIDDesc1] [varchar](80) NULL,  
[Provider3OtherIDQual2] [varchar](3) NULL,  
[Provider3OtherID2] [varchar](30) NULL,  
[Provider3OtherIDDesc2] [varchar](80) NULL,  
[Provider3OtherIDQual3] [varchar](3) NULL,  
[Provider3OtherID3] [varchar](30) NULL,  
[Provider3OtherIDDesc3] [varchar](80) NULL,  
[Provider3Address1] [varchar](55) NULL,  
[Provider3Address2] [varchar](55) NULL,
```

```
[Provider3City] [varchar](25) NULL,  
[Provider3State] [char](2) NULL,  
[Provider3Zip] [varchar](10) NULL,  
[Provider3Contact] [varchar](60) NULL,  
[Provider3Telefone] [varchar](20) NULL,  
[Provider3Extension] [varchar](10) NULL,  
[Provider3Fax] [varchar](20) NULL,  
[Provider3Email] [varchar](60) NULL,  
[Provider3URL] [varchar](100) NULL,  
[Provider3TypeCode] [char](2) NULL,  
[Provider3Taxonomy] [varchar](30) NULL,  
[Provider3_RejectReason1] [char](2) NULL,  
[Provider3_FollowUpCode1] [char](1) NULL,  
[Provider3_RejectReason2] [char](2) NULL,  
[Provider3_FollowUpCode2] [char](1) NULL,  
--[Provider3_RejectReason3] [char](2) NULL,  
--[Provider3_FollowUpCode3] [char](1) NULL,  
--[Provider3_RejectReason4] [char](2) NULL,  
--[Provider3_FollowUpCode4] [char](1) NULL,  
--[Provider3_RejectReason5] [char](2) NULL,  
--[Provider3_FollowUpCode5] [char](1) NULL,  
--[Provider3_RejectReason6] [char](2) NULL,  
--[Provider3_FollowUpCode6] [char](1) NULL,  
--[Provider3_RejectReason7] [char](2) NULL,  
--[Provider3_FollowUpCode7] [char](1) NULL,  
--[Provider3_RejectReason8] [char](2) NULL,
```

```
--[Provider3_FollowUpCode8] [char](1) NULL,  
--[Provider3_RejectReason9] [char](2) NULL,  
--[Provider3_FollowUpCode9] [char](1) NULL,  
/*Other UMO 1*/  
[OtherUMO1EntityID] [char](2) NULL,  
[OtherUMO1Name] [varchar](35) NULL,  
[OtherUMO1DenialReason] [varchar](50) NULL,  
[OtherUMO1AddDenialReason1] [varchar](50) NULL,  
[OtherUMO1AddDenialReason2] [varchar](50) NULL,  
[OtherUMO1AddDenialReason3] [varchar](50) NULL,  
[OtherUMO1DenialDate] [date] NULL,  
/*Other UMO 2*/  
[OtherUMO2EntityID] [char](2) NULL,  
[OtherUMO2Name] [varchar](35) NULL,  
[OtherUMO2DenialReason] [varchar](50) NULL,  
[OtherUMO2AddDenialReason1] [varchar](50) NULL,  
[OtherUMO2AddDenialReason2] [varchar](50) NULL,  
[OtherUMO2AddDenialReason3] [varchar](50) NULL,  
[OtherUMO2DenialDate] [date] NULL,  
/*Other UMO 3*/  
[OtherUMO3EntityID] [char](2) NULL,  
[OtherUMO3Name] [varchar](35) NULL,  
[OtherUMO3DenialReason] [varchar](50) NULL,  
[OtherUMO3AddDenialReason1] [varchar](50) NULL,  
[OtherUMO3AddDenialReason2] [varchar](50) NULL,  
[OtherUMO3AddDenialReason3] [varchar](50) NULL,
```

```
[OtherUMO3DenialDate] [date] NULL,  
/*Additional Patient Info Contact*/  
[ContactName] [varchar](60) NULL,  
[ContactFirstName] [varchar](35) NULL,  
[ContactMiddleName] [varchar](25) NULL,  
[ContactSuffix] [varchar](10) NULL,  
[ContactIDQual] [char](2) NULL,  
[ContactID] [varchar](30) NULL,  
[ContactAddress1] [varchar](55) NULL,  
[ContactAddress2] [varchar](55) NULL,  
[ContactCity] [varchar](25) NULL,  
[ContactState] [char](2) NULL,  
[ContactZip] [varchar](10) NULL,  
[Contact] [varchar](60) NULL,  
[ContactPhone] [varchar](20) NULL,  
[ContactExtension] [varchar](10) NULL,  
[ContactFax] [varchar](20) NULL,  
[ContactEmail] [varchar](60) NULL,  
CONSTRAINT [PK_edi_AuthorizerHeader] PRIMARY KEY CLUSTERED  
(  
    [Id] ASC  
)WITH (PAD_INDEX = OFF, STATISTICS_NORECOMPUTE = OFF, IGNORE_DUP_KEY = OFF,  
ALLOW_ROW_LOCKS = ON, ALLOW_PAGE_LOCKS = ON) ON [PRIMARY]  
) ON [PRIMARY]  
  
CREATE TABLE [edi_AuthorizerDetails](  
    [DetailId] [bigint] IDENTITY(1,1) NOT NULL,
```

```
[HeaderId] [bigint] NULL,  
/*TRN*/  
[TraceOriginator] [varchar](30) NULL,  
[TraceID] [varchar](30) NULL,  
[TraceReference] [varchar](30) NULL,  
/*UM*/  
[RequestCategory] [char](2) NULL,  
[CertificationType] [char](1) NULL,  
[ServiceType] [varchar](2) NULL,  
[FacilityType] [varchar](2) NULL,  
[BillType] [char](1) NULL,  
/*REF*/  
[PreviousCertification] [varchar](30) NULL,  
[PreviousAdminCertification] [varchar](30) NULL,  
/*DTP*/  
[ServiceDate] [date] NULL,  
[ServiceEndDate] [date] NULL,  
/****RESPONSE****/  
[CertificationAction] [char](2) NULL,  
[CertificationNumber] [varchar](50) NULL,  
[DecisionReason] [varchar](30) NULL,  
[SecondSurgicalOpinion] [char](1) NULL,  
[IssueDate] [date] NULL,  
[ExpirationDate] [date] NULL,  
[EffectiveDate] [date] NULL,  
[EffectiveEndDate] [date] NULL,
```

```
[ReferenceNumber] [varchar](50) NULL,  
[RejectReason1] [char](2) NULL,  
[FollowUpCode1] [char](1) NULL,  
[RejectReason2] [char](2) NULL,  
[FollowUpCode2] [char](1) NULL,  
--[RejectReason3] [char](2) NULL,  
--[FollowUpCode3] [char](1) NULL,  
--[RejectReason4] [char](2) NULL,  
--[FollowUpCode4] [char](1) NULL,  
--[RejectReason5] [char](2) NULL,  
--[FollowUpCode5] [char](1) NULL,  
--[RejectReason6] [char](2) NULL,  
--[FollowUpCode6] [char](1) NULL,  
--[RejectReason7] [char](2) NULL,  
--[FollowUpCode7] [char](1) NULL,  
--[RejectReason8] [char](2) NULL,  
--[FollowUpCode8] [char](1) NULL,  
--[RejectReason9] [char](2) NULL,  
--[FollowUpCode9] [char](1) NULL,  
[LOINC_Code1] [varchar](10) NULL,  
[LOINC_Code2] [varchar](10) NULL,  
[LOINC_Code3] [varchar](10) NULL,  
[LOINC_Code4] [varchar](10) NULL,  
[LOINC_Code5] [varchar](10) NULL,  
[LOINC_Code6] [varchar](10) NULL,  
[LOINC_Code7] [varchar](10) NULL,
```

```
[LOINC_Code8] [varchar](10) NULL,  
[LOINC_Code9] [varchar](10) NULL,  
[LOINC_Code10] [varchar](10) NULL,  
[LOINC_Code11] [varchar](10) NULL,  
[LOINC_Code12] [varchar](10) NULL,  
/*SVx*/  
[ClaimType] [char](1) NULL,  
[RevenueCode] [varchar](15) NULL,  
[ProcedureCodeType] [varchar](2) NULL,  
[ProcedureCode] [varchar](15) NULL,  
[Modifier1] [char](3) NULL,  
[Modifier2] [char](3) NULL,  
[Modifier3] [char](3) NULL,  
[Modifier4] [char](3) NULL,  
[ProcedureDescription] [varchar](80) NULL,  
[Amount] [decimal](8,2) NULL,  
[Unit] [char](2) NULL,  
[Quantity] [varchar](15) NULL,  
[UnitRate] [varchar](10) NULL,  
[DiagPointer1] [char](2) NULL,  
[DiagPointer2] [char](2) NULL,  
[DiagPointer3] [char](2) NULL,  
[DiagPointer4] [char](2) NULL,  
[OralCavityDesignation1] [char](1) NULL,  
[OralCavityDesignation2] [char](1) NULL,  
[OralCavityDesignation3] [char](1) NULL,
```

```
[OralCavityDesignation4] [char](1) NULL,  
[OralCavityDesignation5] [char](1) NULL,  
[PCI_Code] [char](1) NULL,  
[ReasonForPlacement] [varchar](80) NULL,  
[ToothNumber] [varchar](96) NULL,  
[Surface] [varchar](512) NULL,  
[EPSDT] [char](1) NULL,  
[NursingHomeStatus] [char](1) NULL,  
[CareLevel] [char](2) NULL,  
/*HSD*/  
[HSDQuantityQualifier] [char](2) NULL,  
[HSDQuantity] [bigint] NULL,  
[HSDUnitCode] [char](2) NULL,  
[HSDSampleModulus] [varchar](6) NULL,  
[HSDTimePeriodQualifier] [varchar](2) NULL,  
[HSDPeriodCount] [int] NULL,  
[HSDServicePatternCode] [varchar](2) NULL,  
[HSDTimePatternCode] [char](1) NULL,  
/*PWK*/  
[ReportType1] [varchar](2) NULL,  
[ReportTransmCode1] [varchar](2) NULL,  
[ReportID1] [varchar](80) NULL,  
[ReportDescription1] [varchar](80) NULL,  
[ReportType2] [varchar](2) NULL,  
[ReportTransmCode2] [varchar](2) NULL,  
[ReportID2] [varchar](80) NULL,
```

```
[ReportDescription2] [varchar](80) NULL,  
[ReportType3] [varchar](2) NULL,  
[ReportTransmCode3] [varchar](2) NULL,  
[ReportID3] [varchar](80) NULL,  
[ReportDescription3] [varchar](80) NULL,  
[ResponseReportType1] [varchar](2) NULL,  
[ResponseReportTransmCode1] [varchar](2) NULL,  
[ResponseReportID1] [varchar](80) NULL,  
[ResponseReportDescription1] [varchar](80) NULL,  
[ResponseReportType2] [varchar](2) NULL,  
[ResponseReportTransmCode2] [varchar](2) NULL,  
[ResponseReportID2] [varchar](80) NULL,  
[ResponseReportDescription2] [varchar](80) NULL,  
[ResponseReportType3] [varchar](2) NULL,  
[ResponseReportTransmCode3] [varchar](2) NULL,  
[ResponseReportID3] [varchar](80) NULL,  
[ResponseReportDescription3] [varchar](80) NULL,  
/*MSG*/  
[Message] [varchar](264) NULL,  
/*Provider 1*/  
[Provider1EntityID] [char](2) NULL,  
[Provider1Name] [varchar](35) NULL,  
[Provider1FirstName] [varchar](25) NULL,  
[Provider1MiddleName] [varchar](10) NULL,  
[Provider1Suffix] [varchar](10) NULL,  
[Provider1IDQual] [char](2) NULL,
```

```
[Provider1ID] [varchar](30) NULL,  
[Provider1OtherIDQual1] [varchar](3) NULL,  
[Provider1OtherID1] [varchar](30) NULL,  
[Provider1OtherIDDesc1] [varchar](80) NULL,  
[Provider1OtherIDQual2] [varchar](3) NULL,  
[Provider1OtherID2] [varchar](30) NULL,  
[Provider1OtherIDDesc2] [varchar](80) NULL,  
[Provider1OtherIDQual3] [varchar](3) NULL,  
[Provider1OtherID3] [varchar](30) NULL,  
[Provider1OtherIDDesc3] [varchar](80) NULL,  
[Provider1Address1] [varchar](30) NULL,  
[Provider1Address2] [varchar](30) NULL,  
[Provider1City] [varchar](25) NULL,  
[Provider1State] [char](2) NULL,  
[Provider1Zip] [varchar](10) NULL,  
[Provider1Contact] [varchar](60) NULL,  
[Provider1Telefone] [varchar](20) NULL,  
[Provider1Extension] [varchar](10) NULL,  
[Provider1Fax] [varchar](20) NULL,  
[Provider1Email] [varchar](60) NULL,  
[Provider1URL] [varchar](100) NULL,  
[Provider1TypeCode] [char](2) NULL,  
[Provider1Taxonomy] [varchar](30) NULL,  
[Provider1_RejectReason1] [char](2) NULL,  
[Provider1_FollowUpCode1] [char](1) NULL,  
[Provider1_RejectReason2] [char](2) NULL,
```

```
[Provider1_FollowUpCode2] [char](1) NULL,  
--[Provider1_RejectReason3] [char](2) NULL,  
--[Provider1_FollowUpCode3] [char](1) NULL,  
--[Provider1_RejectReason4] [char](2) NULL,  
--[Provider1_FollowUpCode4] [char](1) NULL,  
--[Provider1_RejectReason5] [char](2) NULL,  
--[Provider1_FollowUpCode5] [char](1) NULL,  
--[Provider1_RejectReason6] [char](2) NULL,  
--[Provider1_FollowUpCode6] [char](1) NULL,  
--[Provider1_RejectReason7] [char](2) NULL,  
--[Provider1_FollowUpCode7] [char](1) NULL,  
--[Provider1_RejectReason8] [char](2) NULL,  
--[Provider1_FollowUpCode8] [char](1) NULL,  
--[Provider1_RejectReason9] [char](2) NULL,  
--[Provider1_FollowUpCode9] [char](1) NULL,  
/*Provider 2*/  
[Provider2EntityID] [char](2) NULL,  
[Provider2Name] [varchar](35) NULL,  
[Provider2FirstName] [varchar](25) NULL,  
[Provider2MiddleName] [varchar](10) NULL,  
[Provider2Suffix] [varchar](10) NULL,  
[Provider2IDQual] [char](2) NULL,  
[Provider2ID] [varchar](30) NULL,  
[Provider2OtherIDQual1] [varchar](3) NULL,  
[Provider2OtherID1] [varchar](30) NULL,  
[Provider2OtherIDDesc1] [varchar](80) NULL,
```

```
[Provider2OtherIDQual2] [varchar](3) NULL,  
[Provider2OtherID2] [varchar](30) NULL,  
[Provider2OtherIDDesc2] [varchar](80) NULL,  
[Provider2OtherIDQual3] [varchar](3) NULL,  
[Provider2OtherID3] [varchar](30) NULL,  
[Provider2OtherIDDesc3] [varchar](80) NULL,  
[Provider2Address1] [varchar](30) NULL,  
[Provider2Address2] [varchar](30) NULL,  
[Provider2City] [varchar](25) NULL,  
[Provider2State] [char](2) NULL,  
[Provider2Zip] [varchar](10) NULL,  
[Provider2Contact] [varchar](60) NULL,  
[Provider2Telefone] [varchar](20) NULL,  
[Provider2Extension] [varchar](10) NULL,  
[Provider2Fax] [varchar](20) NULL,  
[Provider2Email] [varchar](60) NULL,  
[Provider2URL] [varchar](100) NULL,  
[Provider2TypeCode] [char](2) NULL,  
[Provider2Taxonomy] [varchar](30) NULL,  
[Provider2_RejectReason1] [char](2) NULL,  
[Provider2_FollowUpCode1] [char](1) NULL,  
[Provider2_RejectReason2] [char](2) NULL,  
[Provider2_FollowUpCode2] [char](1) NULL,  
--[Provider2_RejectReason3] [char](2) NULL,  
--[Provider2_FollowUpCode3] [char](1) NULL,  
--[Provider2_RejectReason4] [char](2) NULL,
```

```
--[Provider2_FollowUpCode4] [char](1) NULL,  
--[Provider2_RejectReason5] [char](2) NULL,  
--[Provider2_FollowUpCode5] [char](1) NULL,  
--[Provider2_RejectReason6] [char](2) NULL,  
--[Provider2_FollowUpCode6] [char](1) NULL,  
--[Provider2_RejectReason7] [char](2) NULL,  
--[Provider2_FollowUpCode7] [char](1) NULL,  
--[Provider2_RejectReason8] [char](2) NULL,  
--[Provider2_FollowUpCode8] [char](1) NULL,  
--[Provider2_RejectReason9] [char](2) NULL,  
--[Provider2_FollowUpCode9] [char](1) NULL,  
  
/*Provider 3*/  
  
[Provider3EntityID] [char](2) NULL,  
[Provider3Name] [varchar](35) NULL,  
[Provider3FirstName] [varchar](25) NULL,  
[Provider3MiddleName] [varchar](10) NULL,  
[Provider3Suffix] [varchar](10) NULL,  
[Provider3IDQual] [char](2) NULL,  
[Provider3ID] [varchar](30) NULL,  
[Provider3OtherIDQual1] [varchar](3) NULL,  
[Provider3OtherID1] [varchar](30) NULL,  
[Provider3OtherIDDesc1] [varchar](80) NULL,  
[Provider3OtherIDQual2] [varchar](3) NULL,  
[Provider3OtherID2] [varchar](30) NULL,  
[Provider3OtherIDDesc2] [varchar](80) NULL,  
[Provider3OtherIDQual3] [varchar](3) NULL,
```

```
[Provider3OtherID3] [varchar](30) NULL,  
[Provider3OtherIDDesc3] [varchar](80) NULL,  
[Provider3Address1] [varchar](30) NULL,  
[Provider3Address2] [varchar](30) NULL,  
[Provider3City] [varchar](25) NULL,  
[Provider3State] [char](2) NULL,  
[Provider3Zip] [varchar](10) NULL,  
[Provider3Contact] [varchar](60) NULL,  
[Provider3Telefone] [varchar](20) NULL,  
[Provider3Extension] [varchar](10) NULL,  
[Provider3Fax] [varchar](20) NULL,  
[Provider3Email] [varchar](60) NULL,  
[Provider3URL] [varchar](100) NULL,  
[Provider3TypeCode] [char](2) NULL,  
[Provider3Taxonomy] [varchar](30) NULL,  
[Provider3_RejectReason1] [char](2) NULL,  
[Provider3_FollowUpCode1] [char](1) NULL,  
[Provider3_RejectReason2] [char](2) NULL,  
[Provider3_FollowUpCode2] [char](1) NULL,  
--[Provider3_RejectReason3] [char](2) NULL,  
--[Provider3_FollowUpCode3] [char](1) NULL,  
--[Provider3_RejectReason4] [char](2) NULL,  
--[Provider3_FollowUpCode4] [char](1) NULL,  
--[Provider3_RejectReason5] [char](2) NULL,  
--[Provider3_FollowUpCode5] [char](1) NULL,  
--[Provider3_RejectReason6] [char](2) NULL,
```

```
--[Provider3_FollowUpCode6] [char](1) NULL,  
--[Provider3_RejectReason7] [char](2) NULL,  
--[Provider3_FollowUpCode7] [char](1) NULL,  
--[Provider3_RejectReason8] [char](2) NULL,  
--[Provider3_FollowUpCode8] [char](1) NULL,  
--[Provider3_RejectReason9] [char](2) NULL,  
--[Provider3_FollowUpCode9] [char](1) NULL,  
/*Additional Patient Info Contact*/  
[ContactName] [varchar](60) NULL,  
[ContactFirstName] [varchar](35) NULL,  
[ContactMiddleName] [varchar](25) NULL,  
[ContactSuffix] [varchar](10) NULL,  
[ContactIDQual] [char](2) NULL,  
[ContactID] [varchar](30) NULL,  
[ContactAddress1] [varchar](55) NULL,  
[ContactAddress2] [varchar](55) NULL,  
[ContactCity] [varchar](25) NULL,  
[ContactState] [char](2) NULL,  
[ContactZip] [varchar](10) NULL,  
[Contact] [varchar](60) NULL,  
[ContactPhone] [varchar](20) NULL,  
[ContactExtension] [varchar](10) NULL,  
[ContactFax] [varchar](20) NULL,  
[ContactEmail] [varchar](60) NULL,  
CONSTRAINT [PK_edi_AuthorizerDetails] PRIMARY KEY CLUSTERED  
(
```

```
[DetailId] ASC  
 )WITH (PAD_INDEX = OFF, STATISTICS_NORECOMPUTE = OFF, IGNORE_DUP_KEY = OFF,  
 ALLOW_ROW_LOCKS = ON, ALLOW_PAGE_LOCKS = ON) ON [PRIMARY]  
 ) ON [PRIMARY]
```

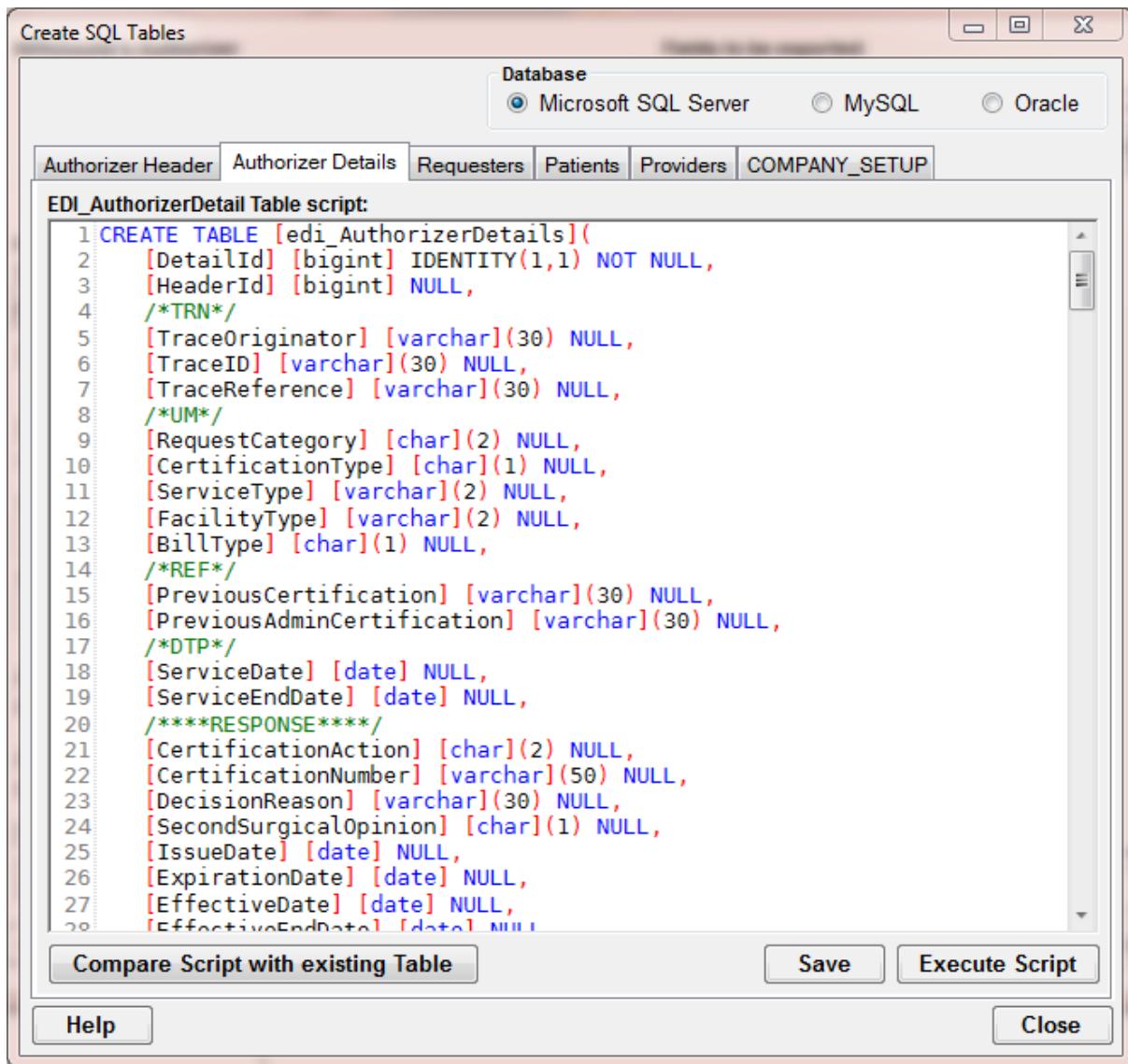
5.7 Creating the Tables

The HIPAA Authorizer allows you to create the tables for your database to which it will export the request data.

After you have defined the connection Parameters and tested that the data connection works, you can create the tables by using SQL 'CREATE TABLE' scripts.

Scripts for three database types are supplied, MS SQL Server, the open source database MySQL and Oracle. If you have other databases, you might have to modify the scripts to conform to the specific database's syntax.

This screen allows you to edit, save and run the table scripts. Watch any error messages to make sure that the table creation is successful.



The 'Create Table' form

There are six tables that belong to the HIPAA Authorizer. Beside the Header and Detail table to store the request we have tables for the requesters, patients and providers that help speed up the manual entry of authorization requests.

Lastly the company setup table can also be created. Here we test first if you have this table already and prevent you from deleting and recreating it.

Warning: Executing the scripts will wipe out any previous tables that you created. Remove the script files once you are satisfied so nobody can destroy the tables by

accident.

5.8 Error Messages during export

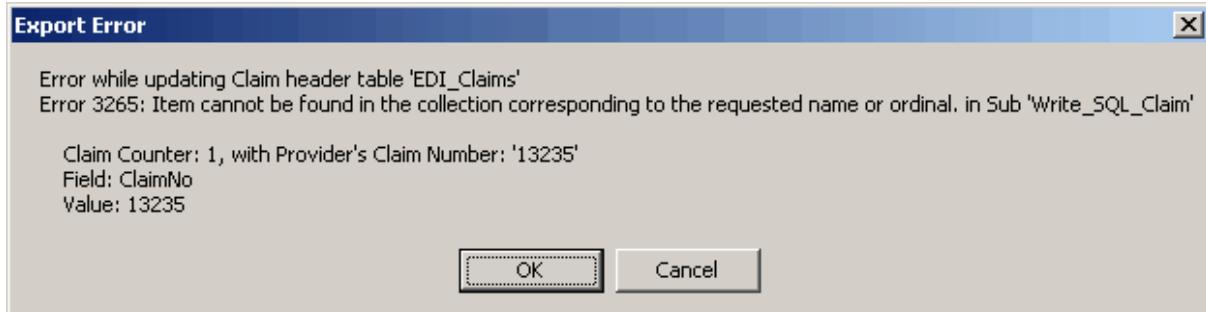
When you start exporting claims into the stagin tables you might encounter errors at first.

This usually results from table definition issues. The HIPAA Authorizer displays a very detailed error message that tells you which request failed, at what field and if applicable which line.

This information should help you to trouble shoot the problems.

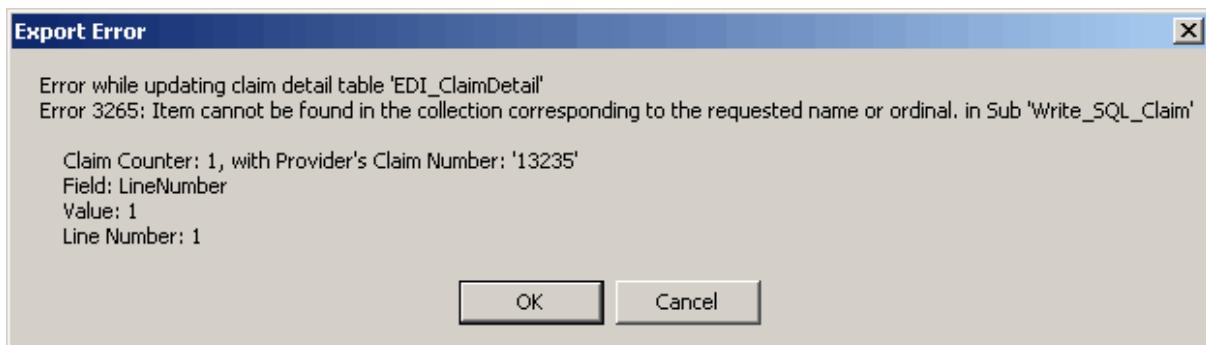
We try to give a meaningful error message

Below are typical error messages here from the HIPAA Claim Master. They tell us that the Table 'EDI_Claims' is missing the column 'ClaimNo'. The HIPAA Authorizer will show equivalent error messages.



Error in the Header Table

Here an error message from the detail table, again from the HIPAA Claim Master. Here we see that the field 'LineNumber' is missing.



Error in the Detail Table

These is a typical error message.

Other typical errors are:

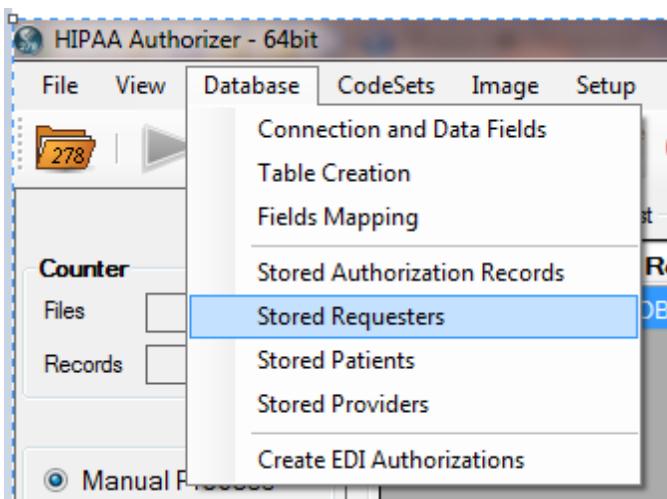
- The data type in the target database does not allow certain characters or nulls.
- The column width is too small for the data.

By carefully analyzing the message one can clearly identify the problem and eliminate those errors quickly. Feel free to consult with support if you run into problems

5.9 Requester, Member and Provider

The database contains 3 tables that store data for further reuse. You can save a lot of time by having the database fill up all the fields related to a particular entity.

The stored records can be recalled and administered here:



which will bring up this screen:

This screenshot shows the 'Stored Requesters' screen. At the top, there is a query editor with the following SQL code:

```
1 SELECT *
2 FROM AuthRequester
```

Below the query editor are two tabs: 'Stored Requesters' (selected) and 'Define Query'. The main area displays a list of stored requesters with columns for ID, Name, First, and Last. The first record in the list is 'OLIMPIA BEHAVIORAL ASSOC'. The right side of the screen contains a detailed form for entering or editing a requester. The form fields include:

- Requesting Physician:** Last/Organization Name: OLIMPIA BEHAVIORAL ASSOC; First Name: [empty]; Middle Name: [empty]; Suffix: [empty].
- Entity Type:** 2B - Third-Party Administrator; **ID Type:** XX - National Provider Identifier; **ID:** 123546987.
- Address:** 2400 CEDAR HWY, STE 400.
- Contact:** AMYLOU HARRIS; Phone: (206) 555-1212; Extension: 555; Fax: (206) 555-1213.
- Email:** AMYLOU.HARRIS@OBAWASH.ORG; URL: WWW.OBAWASH.ORG.
- Additional Identifiers:**
 - Provider UPIN: 189UP7732; Provider Site Number: [empty]
 - Facility ID: [empty]; Plan Network ID: [empty]
 - EIN: 524478594; Facility Network ID: [empty]
 - SSN: [empty]; Carrier Assigned Ref. No: [empty]

At the bottom right of the form is a 'Save Requester into Database' button. The bottom of the screen has 'Help' and 'Close' buttons.

Auto-complete

When we now enter a new request and type in the ID field the letter O, we get prompted for our record depicted above

Requester Info	Subscriber-Patient	Specialty
Requesting Physician		
Last/Organization Name		
OLIMPIA BEHAVIORAL ASSOC *		
OLIMPIA BEHAVIORAL ASSOC		

and if we select the entry, the form will fill

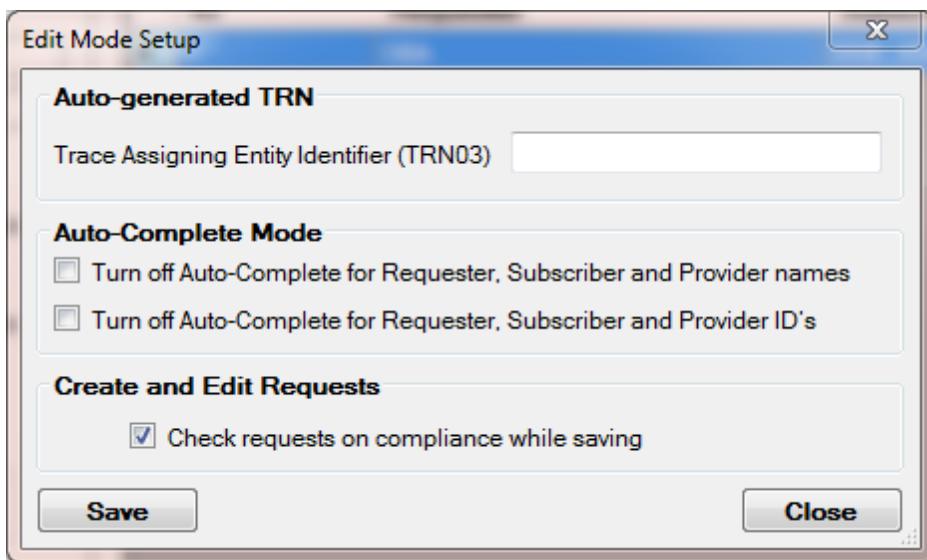
Create Authorization

Requester Info	Subscriber-Patient	Specialty Review	Provider Info	Other UMO	Service Detail
Requesting Physician					
Last/Organization Name	First Name	Middle Name	Suffix		
OLIMPIA BEHAVIORAL ASSOC *					
Entity Type:	ID Type:	ID			
2B - Third-Party Administrator	XX - National Provider Identifier	123546987			
Address					
2400 CEDAR HWY	STE 400				
City	State	Zip	Country Code	Subdivision	
OLIMPIA	WA - Washington	97852			
Provider Code	Specialty				
Contact	Phone:	Extension:	Fax:		
AMYLOU HARRIS	(206) 555-1212		(____) ____-		
Email:	URL:				
Additional Identifiers:					
ID Qualifier	ID Code	ID Type	Add		
1G - Provider UPIN Number	189UP7732				
EI - Employer's Identification Nu...	524478594	ID Code	Delete		
Save Requester into Database					
<input type="button" value="Save"/>			<input type="button" value="Done"/>		

Turning Auto-complete On or Off.

Under Setup is the menu "Edit Mode Setup"

Here you have two check boxes in the middle that determine whether you will have auto complete in name fields and /or ID fields



The Edit Mode Setup screen

Chapter

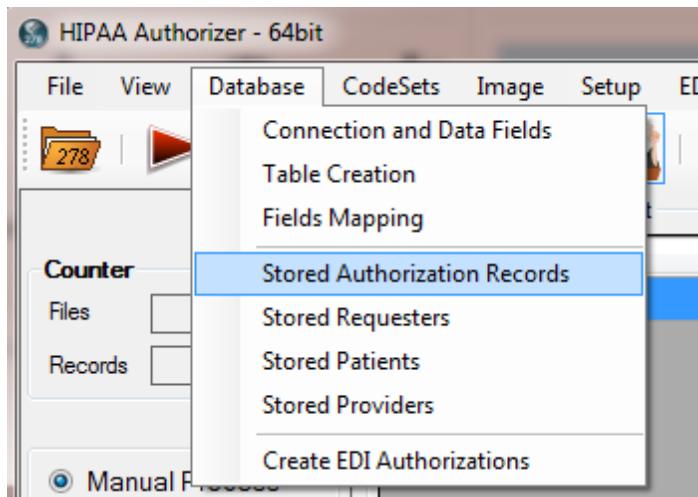
VI

6 Working with stored requests

6.1 Stored Requests

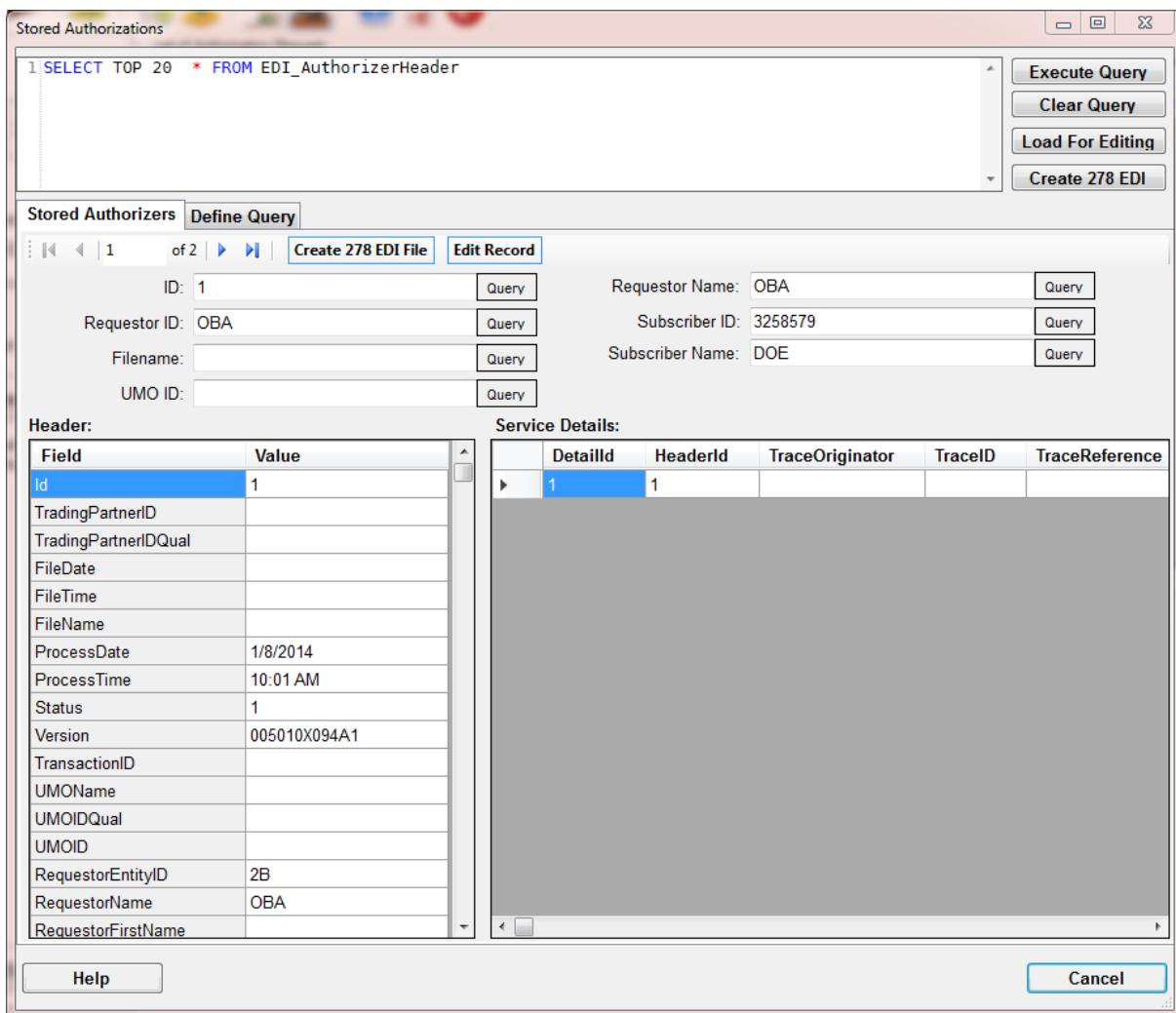
Once the requests records are stored in the database, they can be accessed from the program.

Under Database --> Store Authorization Requests



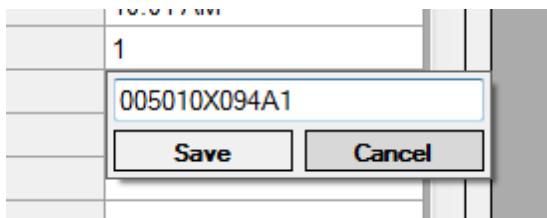
Getting to the stored request records

The following screen will come up. Here are all the records in the database listed.



Accessing the request records in the database

Database records are editable. Just double-click into any fields and the editor comes up



Editing a database record.

You can query the database in two ways. If it is any of the 7 fields on the above screen, just type the sought after value and click the 'Query button' next to it. You will see that the query on top of the screen.

The other way is to click on the 'Define Query' tab and now every field in the table is

accessible and can be used for a query.

Field	Use in query	Condition	Criteria	Or
TradingPartnerID	<input checked="" type="checkbox"/>	>		
FileName	<input type="checkbox"/>	>		
TradingPartnerIDQual	<input type="checkbox"/>	>		
FileDate	<input type="checkbox"/>	>		
FileTime	<input type="checkbox"/>	>		
ProcessDate	<input type="checkbox"/>	>		
ProcessTime	<input type="checkbox"/>	>		
Status	<input type="checkbox"/>	>		
Version	<input type="checkbox"/>	>		
TransactionID	<input type="checkbox"/>	>		
UMOName	<input type="checkbox"/>	>		
UMOIDQual	<input type="checkbox"/>	>		
UMOID	<input type="checkbox"/>	>		
RequestorEntityID	<input type="checkbox"/>	>		
RequestorName	<input type="checkbox"/>	>		
RequestorFirstName	<input type="checkbox"/>	>		
RequestorMiddleName	<input type="checkbox"/>	>		
RequestorSuffix	<input type="checkbox"/>	>		
RequestorIDQual	<input type="checkbox"/>	>		
RequestorID	<input type="checkbox"/>	>		
RequestorOtherIDQual1	<input type="checkbox"/>	>		

Define your own query

There are four buttons on the top right of the form. Two of them require an explanation.

Load for Editing - When you click this button, the selected records are then transferred into the grid of the request main window and served in the work place

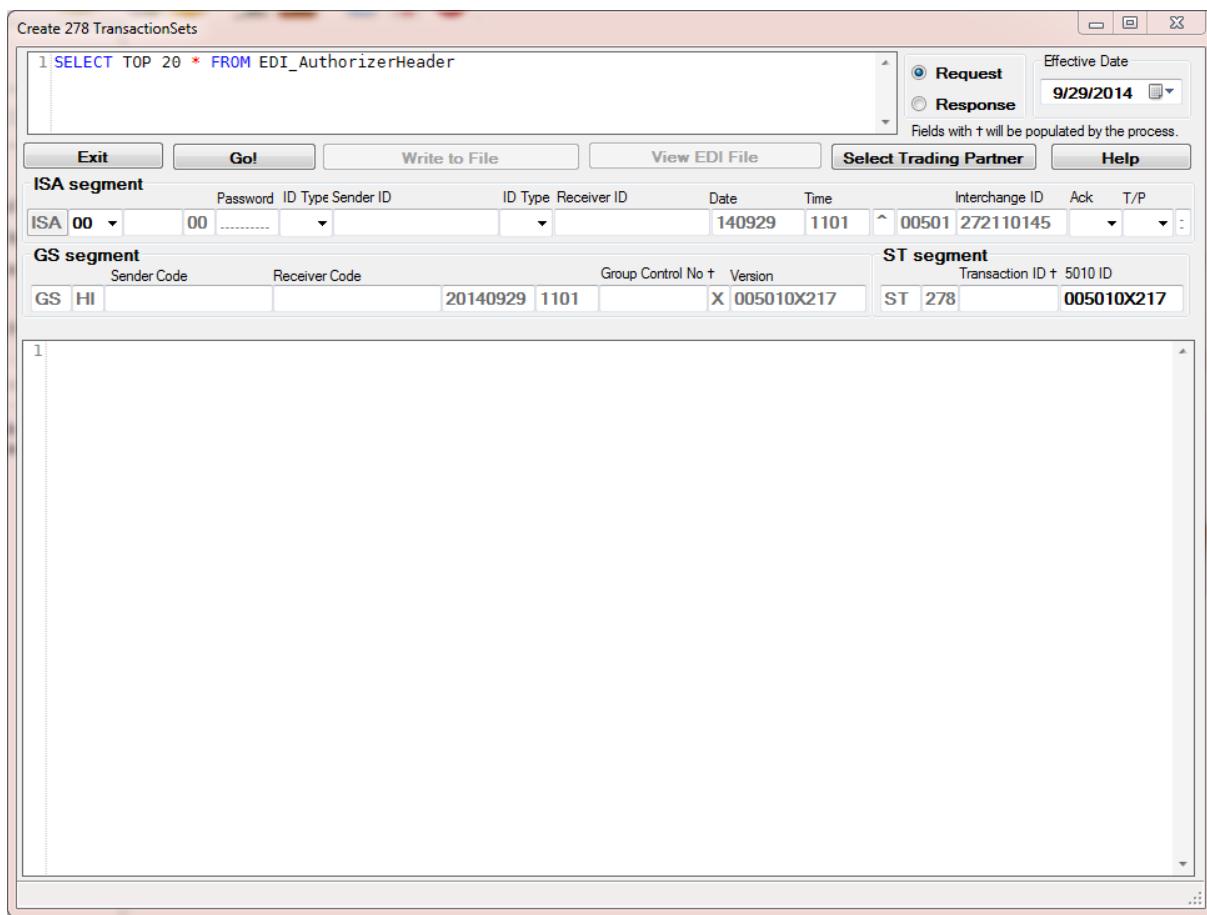
Create 278 EDI - The query is passed into the form from which you can create a 278 file.

6.2 Create 278 files

The HIPAA Authorizer can create 278 EDI files from database records. All the complex logic of building the loops and nestings is done by the software. The database could be populated by loading 278 EDI files or creating a process of automatic authorization that fills in fields in the database with the response and then the response file will be created and sent to a trading partner. Considerable interface work will be necessary and we at HIPAA Suite will help you in the design and all necessary customizations on our side.

There is a manual process where you can enter a database query and end up with the 278 file created but it can also be done via command line arguments.

When you click the 'Create 278' button in the Stored Authorization Request screen, you will see the following screen.



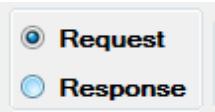
Creating 278 response records from the database

Before you can start, you have to enter values into the empty fields!

The HIPAA Authorizer will store most of the values for later use. The next time you call up this screen, it will be completed.

On top we see the query phrase. Here you can enter any query that you want or you use the query builder discussed before and carry the query over into this screen. Please be reasonable, creating a file with many thousand records will take a few minutes.

Then you need to decide whether you create a 278 request or a 278 response file. One of the differences between request and response is the BHT_02 element. It is '13' for the request and '11' for the response.



The option to create a request or response file.

The next block is concerned with the ISA segment.

- Some values are filled in and shaded out. These are created by the program. Other fields are blank and you have to fill them out. Once you filled them out the program will remember your last configuration and repeat it.
- *SenderID Type and Sender ID* are your identifier. You can select 'ZZ' and your name (up to 15 letters) or your tax id or anything else. Fill in the sender's id qualifier and id
- *ReceiverID Type and Receiver ID* are your identifier. You should get this information from your trading partner.
- If you want an acknowledgement
- Whether this is a test or production file

In GS segment you have to add

- Sender Code, you can repeat here your sender id from ISA_06
- Receiver Code, again your trading partner should tell you. When in doubt repeat ISA_08

For the BGN segment you will have to fill out:

- The purpose code of this transaction
- Your Time Zone
- The action code
- and in rare circumstances the Transaction Id of another file that you want to refer

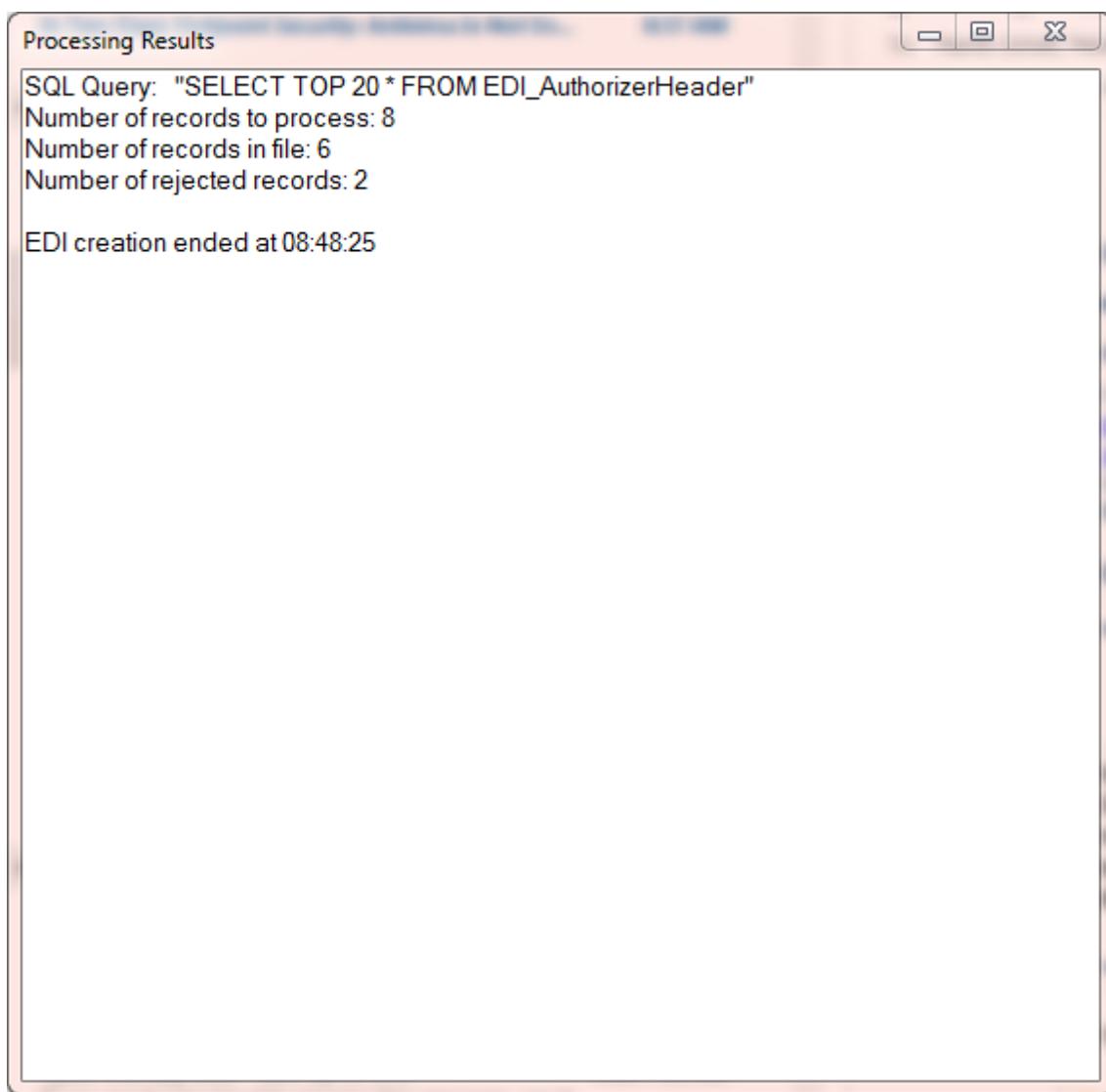
to

Here what a properly filled out form looks like

The screenshot shows a software interface titled 'Create 278 TransactionSets'. At the top, there is a text input field containing the SQL query: '1 SELECT TOP 20 * FROM EDI_AuthorizerHeader'. To the right of the query are two radio buttons: 'Request' (selected) and 'Response'. Below this is a dropdown menu for 'Effective Date' set to '9/29/2014'. A note below the date says 'Fields with * will be populated by the process.' Below the query field are several buttons: 'Exit', 'Go!', 'Write to File', 'View EDI File', 'Select Trading Partner' (which is highlighted in blue), and 'Help'. Underneath these buttons are three segments: ISA segment, GS segment, and ST segment. The ISA segment contains fields for Password (00), ID Type (ZZ), Sender ID (SENDER), ID Type (30), Receiver ID (461542132), Date (140929), Time (1101), Interchange ID (00501272110145), Ack (T), and T/P (P). The GS segment contains fields for Sender Code (GS), Receiver Code (461542132), Group Control No (20140929), Version (1101), and a checkmark in the X column. The ST segment contains fields for Transaction ID (005010X217), ST (278), and Transaction ID (005010X217).

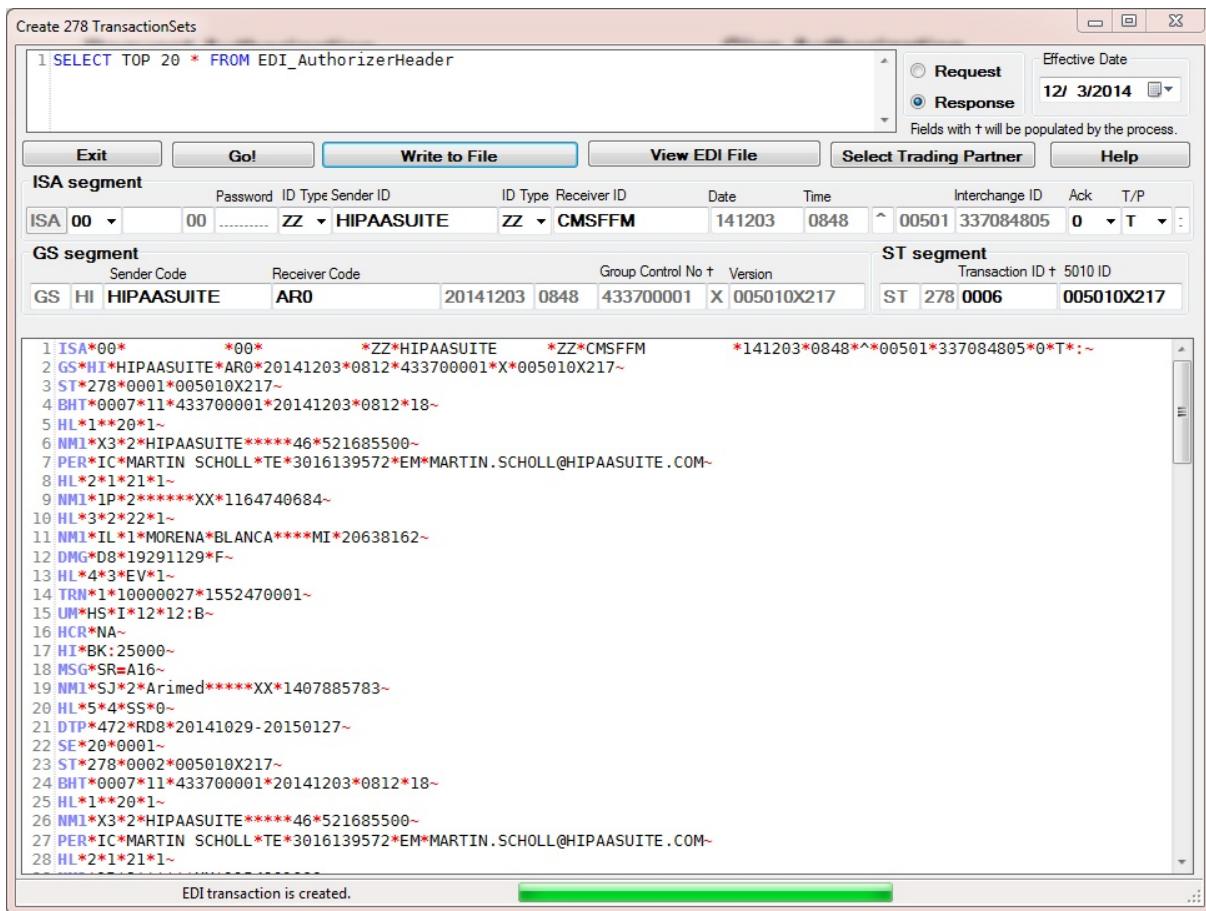
The necessary information to create a valid EDI file

Now you can hit 'Go' and a few moments later we get the processing results and we can see the EDI file below



The process results are displayed on the screen.

Note: this information will also be verbatim in the log file if you choose to log manual process logging in the setup



The EDI file is now created

Now you can write the this EDI stream to a file. It exists so far only in memory. Click the "Write to file" button and you have the choice to either specify the filename and path or to use the settings from EDI Exchange.

After the file has been written you can click the "View EDI File" button and see it in the EDI Editor.

Chapter



VII

7 Creating Image Files and PDF's

7.1 Creating Image Files

The HIPAA Authorizer displays the EDI document in a page that makes it easy to read the 278 transactions. Sometimes it might be useful to have an image of an authorization record stored for later retrieval. You can create image files containing the data that you see in Screen mode. The following formats are supported:

- TIFF
- PDF

No third party software is needed as this feature is integrated into the software. The image file name comes either from the EDI file name or the subscriber's ID which is mandatory and unique within a file.

You can create image files manually or automatically using the command line arguments and Windows Scheduler. Read more in:

- [Using the Command Line Arguments \(CLI\)](#)
- [Running the Application via Scheduler](#)

Before creating image files, make sure all settings are defined correctly. The following options can be defined:

- Put all the images into a single file with multiple pages or have an image file for each authorization record.
- The form or background color.
- The image format, TIFF or PDF.
- The image file directory. In order to avoid having all images in one folder, the images can be hashed across folders based on the date.

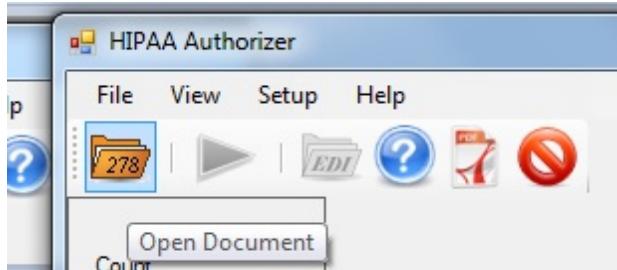
Read more in:

- [Configuring Program Options](#)
- [Adjusting Image Options](#)

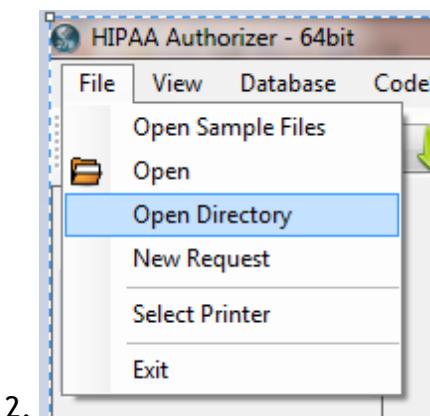
Follow the instructions below to create an image file from EDI file.

Notice: The image file will be created based on the pre-defined settings. Read more in [Adjusting Image Options](#).

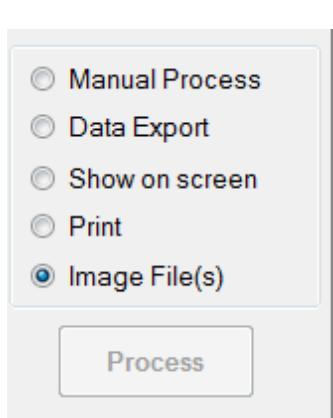
1. Open an EDI file or directory containing the EDI files in the HIPAA Authorizer.



The HIPAA Authorizer can also process each file in a directory and create image files from them. Note: This option is not available for screen display of records. Only database import and image file creation have this option available.

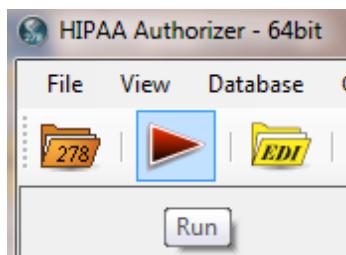


2. The "Open Directory" menu item.
3. Select the "Image File" option in the "Output Mode" block.



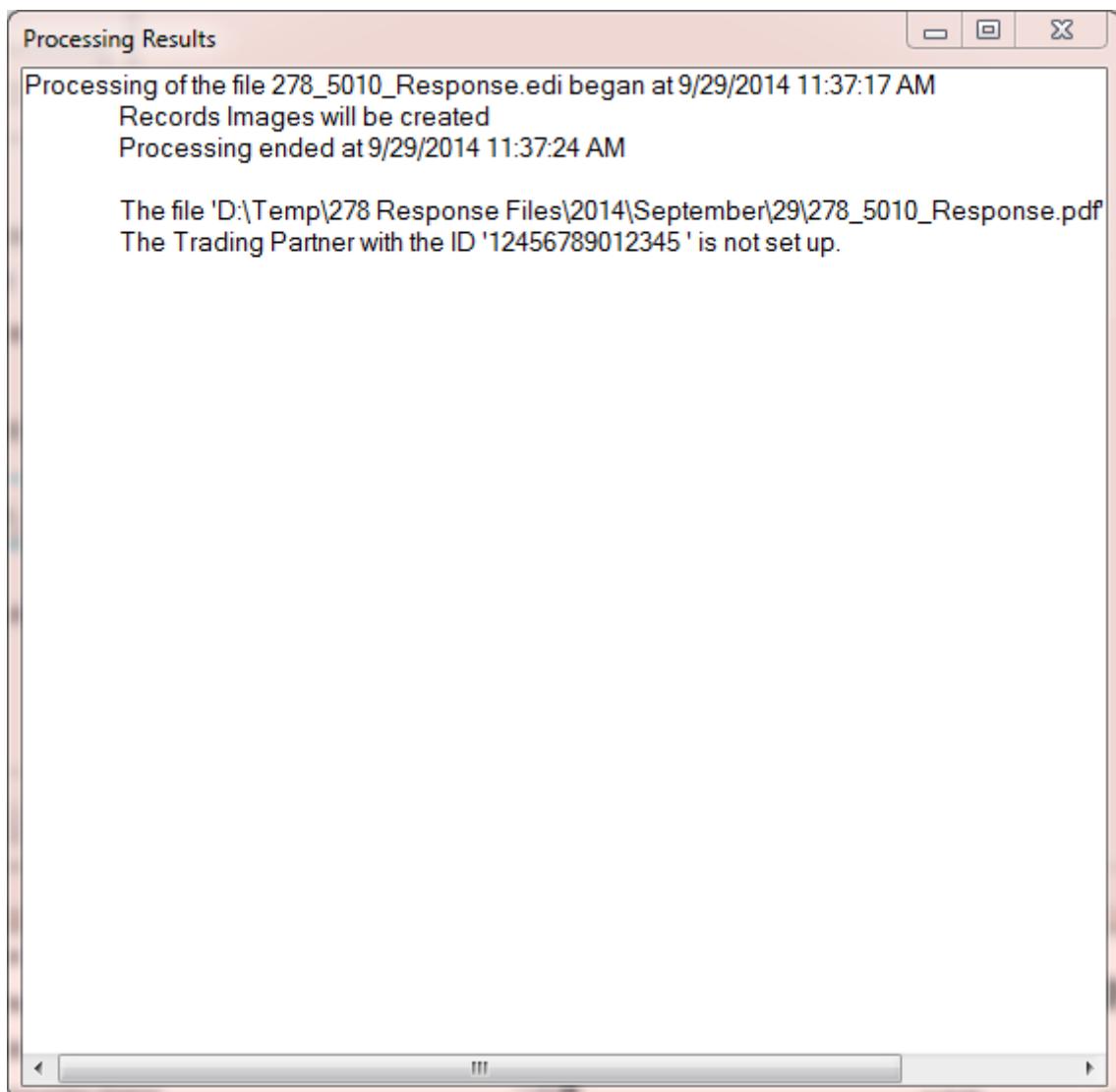
The "Image File" option

4. Click on the "Run" button in the task bar or the "Process" button in the Side bar.



The "Run" buttons

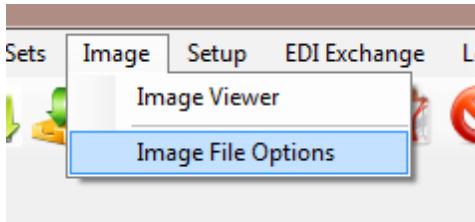
5. The "Processing Results" window displays the report. You can find the result TIFF or PDF files in the specified folder.



The "Processing Results" window

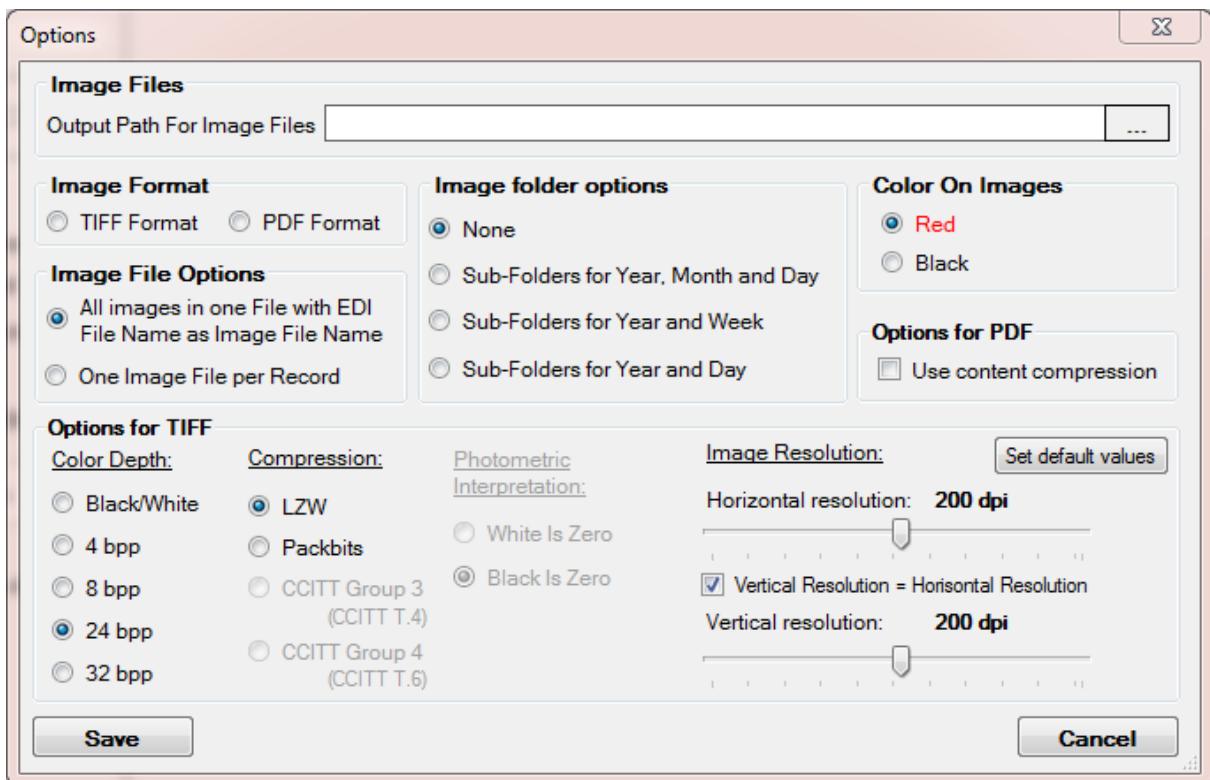
7.2 Adjusting Image Options

From the menu 'Image' you can reach the Image Options screen



The 'Image' Menu

and the following screen comes up



Setting up the image file options

You can configure the following options:

- Set the directory where image files will be saved
- Set image file and folder options
- Determine image format

- Determine options for PDF and TIFF files
- Determine the document background color for images

Read the detailed descriptions further.

3. Once you have finished editing the options, click "Save."

The settings are saved to the Windows registry and will be retained for the next time you run the program. Check your permissions to write to the registry if you encounter any problems with saving settings. Your administrator might help you.

Image Files

- **Output Path for Image Files** — Define the destination folder where the images will be stored. See also [Creating Image Files](#).

Image Format

Choose whether to create PDF or TIFF files.

- **TIFF**
- **PDF**

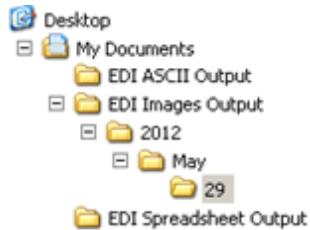
Image File Options

The following options are available:

Image Folder Options

When you create a lot of images, it is important not to place them all in the same folder. Microsoft Windows has issues handling more than 1000 files in a folder. That is the reason why the HIPAA Claim Payment Master can hash the image files over many sub-folders. You have the following choice to use:

- **None** — Default value.
- **Sub-folders for Year-Month and Day** — The sub-folders will be created within the Image File Location. Example: \2012\February\29\.



The folder structure in "Year, Month and Day" mode

- **Sub-folders for Year and Week** – The sub-folders will be created within the Image File Location. Example: 2012\9\.
- **Sub-folders for Year and Day** – The sub-folders will be created within the Image File Location. Example: 2012\20120229\.

Color on Images

- Choose a color for the form when saving claims to image files. You have the choice to render the form in red or in black.

Note: The data is always black.

Options for PDF

- **Use Content Compression** – Checking this option does result in considerably smaller files.

Options for TIFF

- **Color Depth** – You can change color depth of the image (black / white, 4 bpp / 8bpp / 24bpp / 32bpp).

Note: TIFF in Window's GDI library does not work with 16 bpp (bits per pixel). Color depths set lower than 16 bpp results in some losses in image quality.

- **Compression Algorithm** – You can use compression with TIFF files: LZW and Packbits is used for all Colors, CCITT4 for black and white.

- **Image Resolution** – You can change the resolution of image from 96 to 300 dpi (dots per inch).

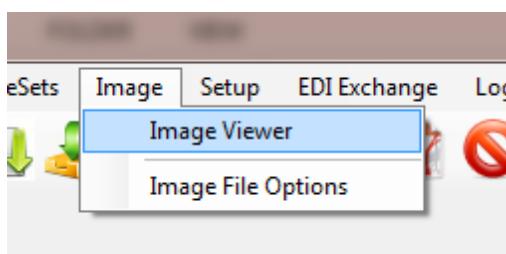
Note: Theoretically we could use even higher resolutions, but it will slow down processing significantly and result in approximately the same result in quality.

7.3 Viewing Images

HIPAA Authorizer Image Viewer allows you to view images stored in the output folder, defined in the image options. See [Adjusting Image](#).

Follow the instructions below to view images.

1. To access Image Viewer, select the "Image Viewer" option under "Image" menu item.



The "Image Viewer" menu

2. The "Image Viewer" window will open.

The 'Image Viewer' window displays an 'Enrollment Record' form. The left pane shows a navigation tree with a folder icon containing '834.tif' and '834.pdf'. The main pane contains the following data:

Enrollment Record

Transaction: Purpose	ID	Date	Time
Original	12456	12/28/2001	12:00:00 PM
Ref. Transaction ID		Action Code	Policy Number
		Update	
Sponsor		Sponsor Federal Taxpayer's ID	
Payer		999888777	
		Payer Federal Taxpayer's ID	
		654456654	

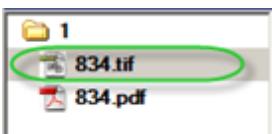
Insured Information

SubDep	Relationship	Maint. Type	Maint. Reason	Ben. Status	Access
Subscriber	Self	Addition	Active	Active	
Handicap	Medicare Plan Code	Medicare Elig. Reason	COBRA Qualifying Event	Employment Status	Student Status
				Full-Time	
Subscriber Number	Member Policy Number	Eligibility Begin			
123456789	123456001	05/23/1996			
Member Last Name		First Name		Middle	Social Security Number
DOE		JOHN		P	123456789
Home Phone Number		Work Phone Number			
(717) 234-3334		(717) 234-1240			
Address					
100 MARKET ST APT 3G					
City	State	Zip	Country	County	Subdivision
CAMP HILL	PA	17011		CUMBERLAND	
Birth Date	Birth Order	Death Date	Sex	Marital Status	Race
08/16/1940			M		
Height	Weight	Health related Code		Disability Type	Disability ICD-9 Code
					Disability From
Premium Amount	Deductible Amount	Co-Payment Amount	Co-Insurance - Actual	Expected Expenditure	Other Unlisted Amt
					Spend Down

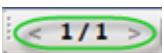
Coverage Information:

1	Maintenance Type	Insurance Line	Coverage Level
	Addition	Health	Description
	Benefit Begin		
	01/01/2002		
a	COB Type	Policy Number	COB Code
	Secondary	890111	Unknown
	Name		
	ABC INSURANCE CO		
2	Maintenance Type	Insurance Line	Coverage Level
	Addition	Dental	Description
	Benefit Begin		
	01/01/2002		
3	Maintenance Type	Insurance Line	Coverage Level
	Addition	Vision	Description
	Benefit Begin		
	01/01/2001		

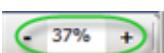
3. Select the necessary image in the left navigation pane.



4. For pages navigation, use the arrow buttons.



5. To scale the image, use "+" or "-" buttons or define the percent manually.



Chapter



VIII

8 Automation

8.1 Concepts

The HIPAA Authorizer's functions and capabilities can be completely automated. Other programs, batch files or schedulers can call the HIPAA Authorizer executable and its features can accessed via command line arguments.

All operations are logged and you can set the program up to create email messages to operators, informing them of the actions taken. Command line arguments allow to call the program either from the Windows Scheduler or batch scripts or via shell commands.

8.2 File Processing

This first part is for those who don't have the EDI Exchange module enabled!

In order to run the HIPAA Authorizer from the command line or have it invoked through another program, it is necessary to pass command line arguments to the program to instruct it to perform the desired tasks.

Command line arguments are separated by commas.

1. The first argument after the program name is the **file or directory** name where the source EDI files are located. The application automatically finds out if this argument is a file or a directory.
2. The second argument indicates the output option. Valid arguments are:
 - P - Printer
 - I - TIFF or PDF image file
 - X - Database export

The arguments above are concerned with the processing of incoming EDI files. But the export of EDI transactions can also be automated and run through the command line. The syntax is as follows:

1. The first command is your SQL Query
2. EDI
3. The file name for the resultant EDI transaction is defined on the third place. If left

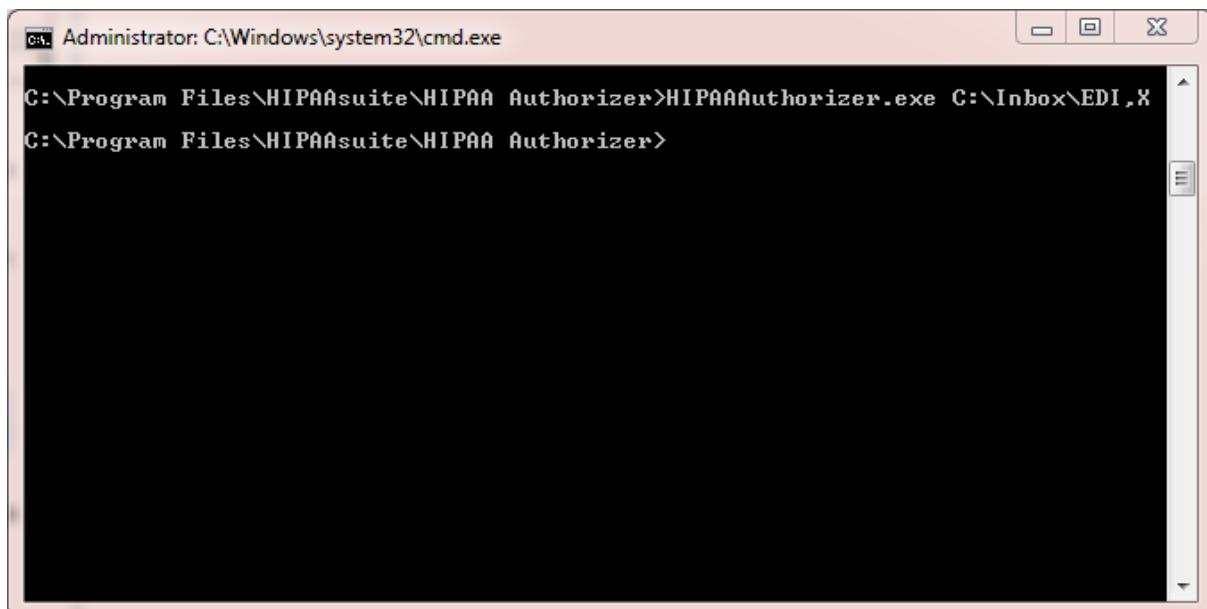
blank, then the default path and file name will be used. If you just give a directory then the default file name will be used in that directory.

Tip: The application window must be closed. Otherwise the CLI commands do not run.

Example 1

This example calls the HIPAA Authorizer's executable and gives a folder path as first argument and specifies database export(x) as second argument.

```
"C:\Program Files\HIPAA Suite\HIPAA Authorizer\HIPAAAuthorizer.exe" C:\Inbox\EDI,x
```

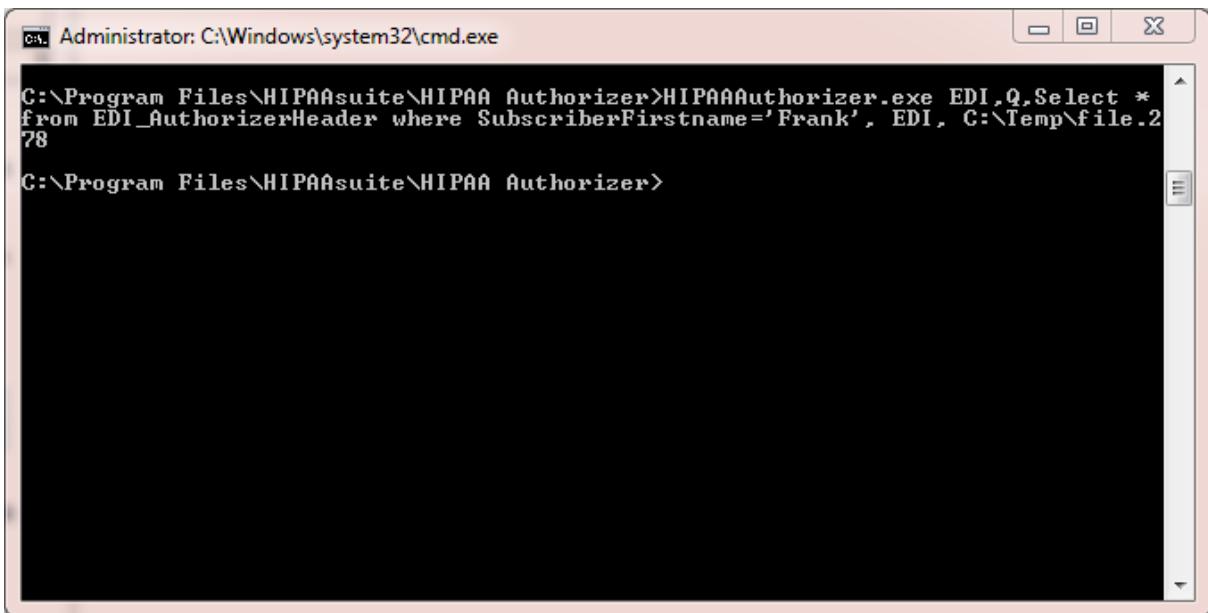


Example 1 command entered to the Command Prompt

Example 2

This example issues a SQL query and gives the file name for the 278 file:

```
Select * from EDI_AuthorizerHeader where SubscriberFirstname='Frank', EDI, C:\Temp\file.278
```

A screenshot of a Windows Command Prompt window titled "Administrator: C:\Windows\system32\cmd.exe". The window contains the following text:

```
C:\>Program Files\HIPAAsuite\HIPAA Authorizer>HIPAAAAuthorizer.exe EDI,Q,Select *  
from EDI_AuthorizerHeader where SubscriberFirstname='Frank', EDI, C:\Temp\file.2  
78  
C:\>Program Files\HIPAAsuite\HIPAA Authorizer>
```

The window has a standard Windows title bar with minimize, maximize, and close buttons. A vertical scroll bar is visible on the right side of the window.

Example 2 command entered to the Command Prompt

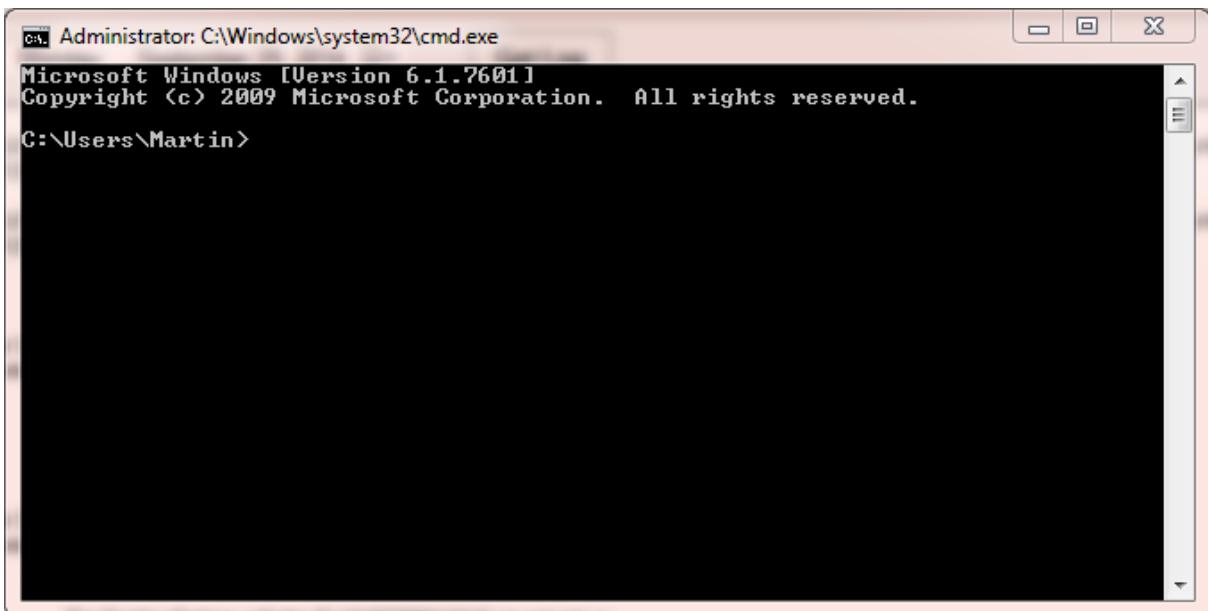
Using Command Prompt

Follow the instructions below to use the command-line arguments in Windows Command Prompt.

1. Start a Windows Command Prompt. Go to *Start* ▶ *Programs* ▶ *Accessories* ▶ *Command Prompt*.

Alternatively, you can go to *Start* ▶ *Run* ▶ type "cmd" without quotes and press <Enter>.

2. Type your command and click Enter.



The Windows Command Prompt screen

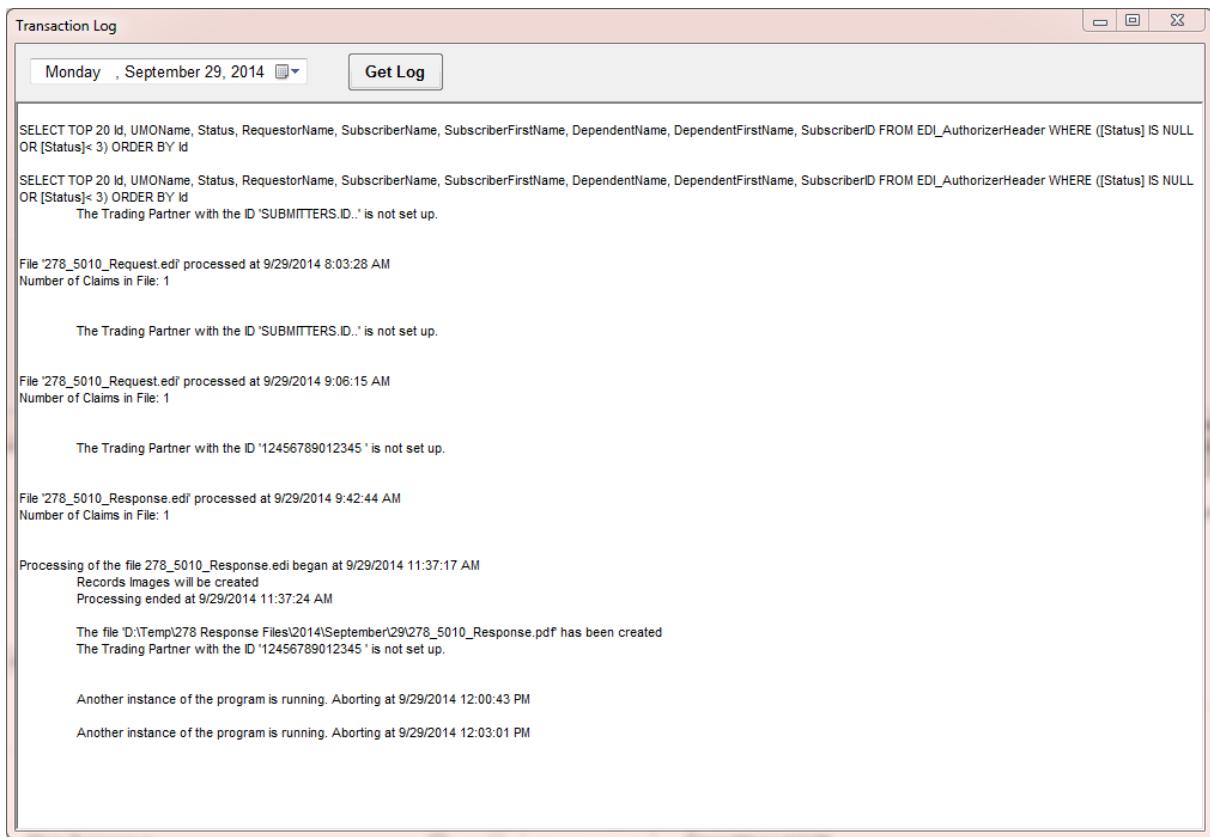
The command returns a system code which is not displayed to the users:

- -1 means error
- 0 means everything went okay

Testing the command line requires that you check the log (See [Application Log](#)). In the log, you may see a message like following:

```
Processing of 'C:\EDI\Inbox\835' started at 3/12/2012 9:21:11 AM
Printer is not found in system
Processing stopped at 3/12/2012 9:21:11 AM
```

The log will help you to debug the command line.



The "Transaction Log" window

8.3 File Processing with EDI Exchange

If you have the EDI Exchange enabled, the command line arguments change.

If you are processing incoming files then you can put all new files in the Inbox subdirectory of your EDI file root. Now by using the single command line argument "Auto" you will process every file in this inbox according to the setting you selected in the EDI Exchange --> Auto Process Setup

If you want to process a specific file instead of the Inbox directory, you can use the file name as a second argument.

8.4 File Creation

Creating 278 EDI files can also be automated with the HIPAA Authorizer. The necessary command line arguments are as follows

1. The first argument is the Query against the database. Any query that works against the EDI_AuthorizerHeader table is permitted. The relationship between header and detail table are handled internally by our program.

2. the word "EDI" indicating that we want to create an EDI file
3. The file name for the EDI file. If this is blank, default file naming convention or a trading partner's file naming convention will be used
4. If EDI Exchange is licensed and enabled, you can specify here the trading partner who is the receiver of this electronic data interchange
5. The fifth argument decides whether a request or response is created. The argument has to be either 'Response' or 'Request', if it is left out it will be a request.

For example:

```
"C:\Program Files\HIPAA Suite\HIPAA Authorizer\HIPAAAuthorizer.exe" Select * from EDI_AuthorizerHeader where SubscriberID = 123456,EDI,C:\temp\test278.edi,CAREFIRST,Request
```

this command would create an EDI file with all records from the query, and write the file C:\temp\test278.edi. The trading partner to receive the file is 'CareFirst' and a request file will be created.

```
"C:\Program Files\HIPAA Suite\HIPAA Authorizer\HIPAAAuthorizer.exe" Select * from EDI_AuthorizerHeader where SubscriberID = 123456,EDI,,CA0,Response
```

This will create a response file for the California exchange. Since no file name is specified, the California Exchange's specific file naming convention will be implemented.

8.5 Changing the Default Company

The default company is the identity you assume as the sender when creating EDI files. This affects the ISA, GS, and NM1 sender segments. A single entity may have a need to act as multiple sender identities and so has a need to change the information in the EDI envelopes.

The default company can be changed using command line arguments, affecting the ISA and GS sender ID segments.

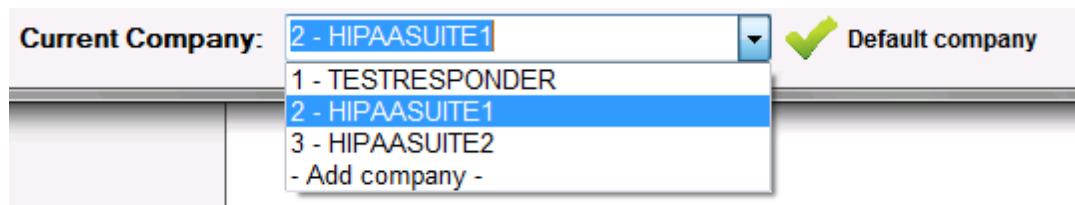
ISA Segment Sender Identifier	HIPAASUITE1
Qualifier	ZZ - Mutually Defined
Application Sender's Code GS_2	HIPAASUITE1
Tax ID	9876543210

Sender ID segments in Company Setup

To change the default company, a single argument is needed. "Setcompany" followed by the company ID of the company you wish to set.

```
"setcompany <ID>"
```

The Company's ID in this case is not its EDI identifier, but the value of the ID row in the COMPANY_SETUP table. It can also be found in the Company Setup window:



Company selection in Company Setup

Example

The command argument `setcompany 3`

```
C:\Program Files\HIPAAsuite\HIPAA Authorizer>HIPAAuthorizer setcompany 3
```

will set the default company to ID = 3, which is HIPAASUITE2 in the example picture above. The log entry for this command will be

```
Set default company with ID 3  
Company # 3 is set as a default company
```

Excerpt from log. Default company changed.

8.6 Running the application through the Windows Scheduler

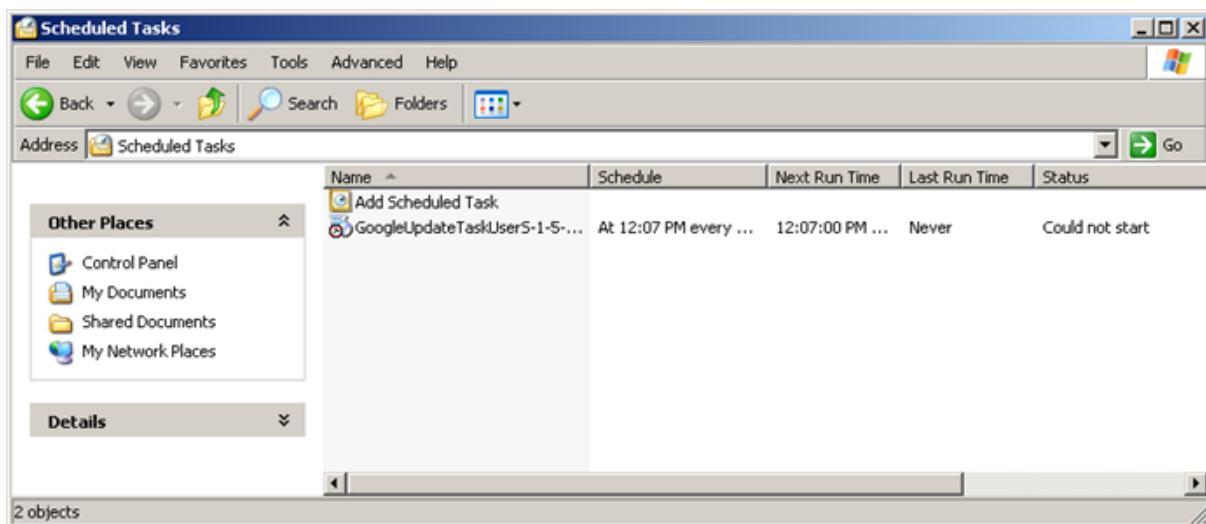
The HIPAA Authorizer can be automated through the Scheduler. A scheduler is software that can be programmed to execute a certain task at a certain time repeatedly. Windows has such a scheduler built in.

The Windows scheduler can be used to let the HIPAA Authorizer execute in regular intervals without user intervention. Usually one would let the HIPAA Authorizer scan a directory and then print, create image files or export the data and remove the files to prevent duplicate processing.

1. If the task scheduler is installed on your system, you will find it in the "Control Panel".

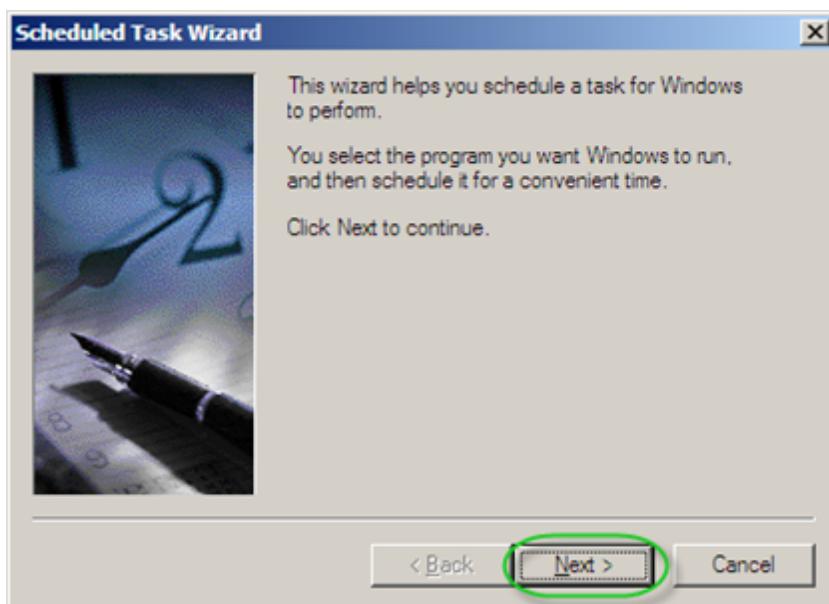
To open Scheduled Tasks, click *Start* ▶ *Control Panel* ▶ *Scheduled Tasks*.

Note: In different Windows versions, the way to access the Task Scheduler can differ. Consult your Windows version documentation.



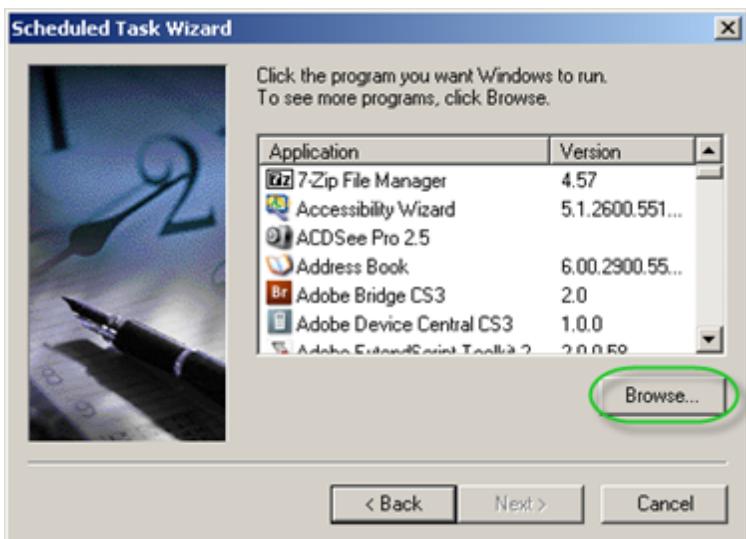
The Windows Task Scheduler

2. Click on "Add Scheduled Task" and "Scheduled Task Wizard" will guide you through the setup process.
3. In the first window, read the welcome message and click "Next."



The "Scheduled Task Wizard" window

4. Browse to the `HIPAAuthorizer.exe` executable file.



Application	Version
7-Zip File Manager	4.57
Accessibility Wizard	5.1.2600.551...
ACDSee Pro 2.5	
Address Book	6.00.2900.55...
Adobe Bridge CS3	2.0
Adobe Device Central CS3	1.0.0
Adobe ExtendedContext Toolkit 2	2.0.0.50

Browse...

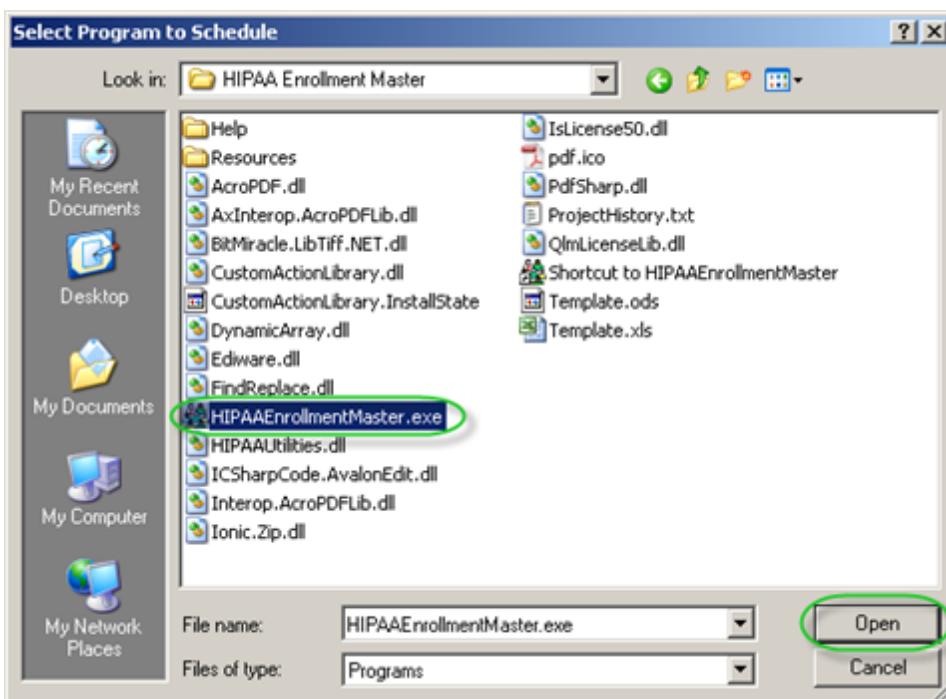
< Back

Next >

Cancel

The "Scheduled Task Wizard" window

By default, the application is located in `C:\Program Files\HIPAA Suite\HIPAA Authorizer\HIPAAAuthorizer.exe`



Selecting a program to schedule

Click "Next."

5. Type in a name for this task. Choose a time interval:

- Daily

- Weekly
- Monthly
- One time only
- When my computer starts
- When I log on

Click "Next."



The "Scheduled Task Wizard" window

6. Enter the name and password of a user. The task will run as if it were started by that user. Click "Next."



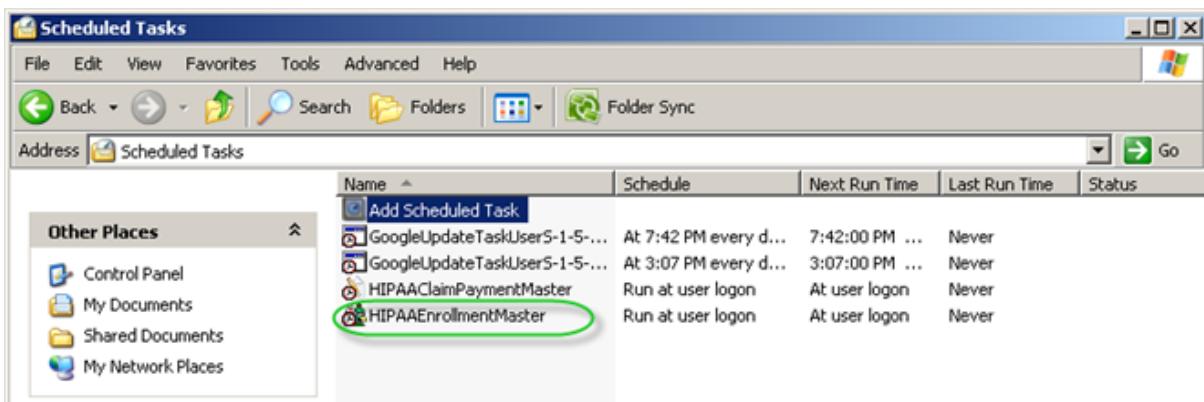
The "Scheduled Task Wizard" window

7. In the last screen, make sure you have specified all data correctly. Click "Finish" to save your task.



The "Scheduled Task Wizard" window

8. The scheduled task has been added to the system. Now let's edit the new task and add the desired command line arguments with the appropriate options. Double-click the newly created task in the "Scheduled Tasks" window.

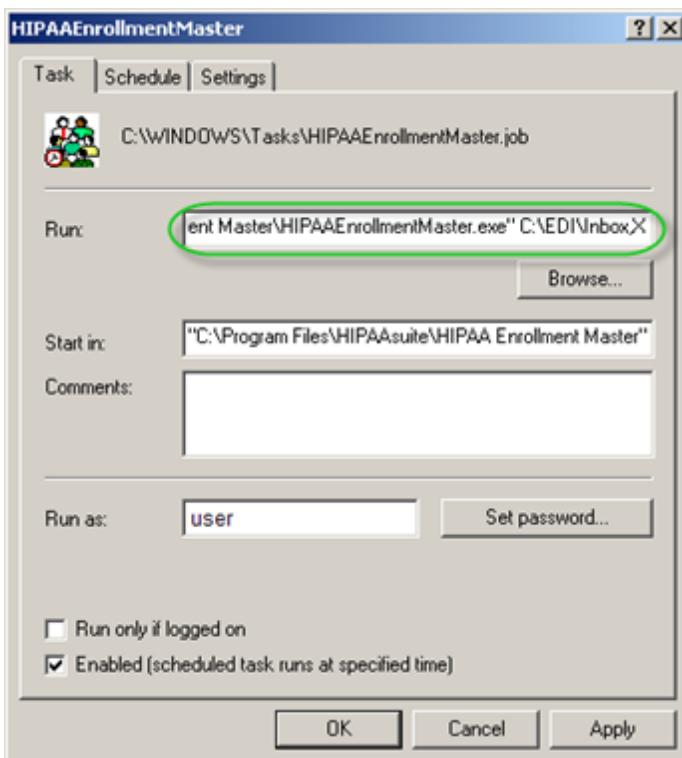


The Windows Task Scheduler

9. Enter parameters to the "Run" field after the application path and click "OK." Refer to [Using the Command Line Arguments \(CLI\)](#) for more information.

Example:

```
"C:\Program Files\HIPAAsuite\HIPAA Authorizer\HIPAAuthorizer.exe" C:\EDI\Inbox,X
```



The "HIPAAuthorizer" task window

You can see, the path to the executable is in quotes and then the arguments follow. In this example, the directory c:\EDI\Inbox will be processed. The "X" option indicates that the data will be exported to the database.

Tip: Logs may be helpful when running the program automatically through the scheduler. See [Application Log](#).

Tip: When running the HIPAA Authorizer through automation, either through the scheduler or through shell call from other programs, it is important to remove processed files to prevent them from running again. In the Program Options you can determine if processed files should be deleted or moved and into which directory. See [Configuring Program Options](#).

Chapter

IX

9 Logs

9.1 The Application Log

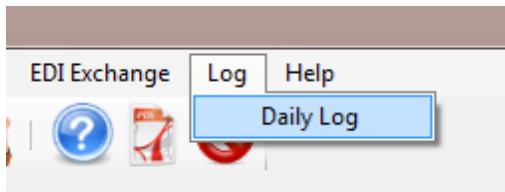
The HIPAA Authorizer can log its activities. This is especially helpful when running the program automatically through the scheduler (see [Running the Application via Scheduler](#)).

Notice: To start logging the activity, activate the "Log All Processing Except Viewing" option. See [Configuring Program Options](#).

In case of any problem, the first thing is checking the log, where all actions and all error messages related to an EDI file or written down and saved.

Follow the instructions below to access the log files for your HIPAA Authorizer.

Click Log ▶ Daily Log in the main menu.



Accessing the log via the menu

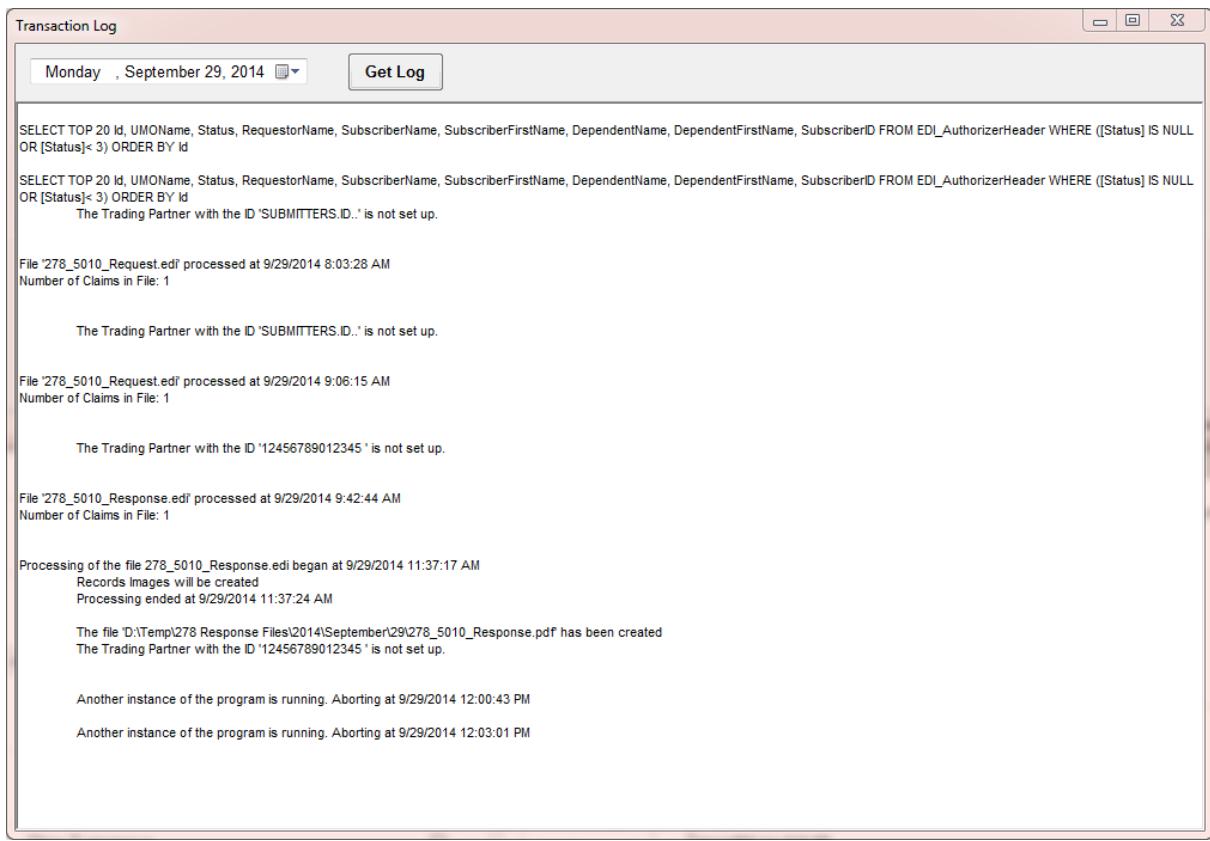
This menu allows you to see today's log if it exists. You can select other dates using the date picker or by typing in the date box.

Log files are simple text files, one for each day that are stored in date hashed folders. Alternatively, access the Logs folder in the following directory:

Windows XP: C:\Documents and Settings\All Users\Application Data\HIPAA Suite\HIPAA Authorizer\Logs

Windows 7, Vista: C:\ProgramData\HIPAA Suite\HIPAA Authorizer\Logs (This folder might be invisible)

Once you click this menu item you will see the following screen



The log screen

9.2 File Logs

The HIPAA Authorizer in conjunction with the EDI Exchange module has also file logs in addition to this simple text log. Incoming and Outgoing file logs are saved to the database and give a complete report on all files that the software uses.

Chapter



X

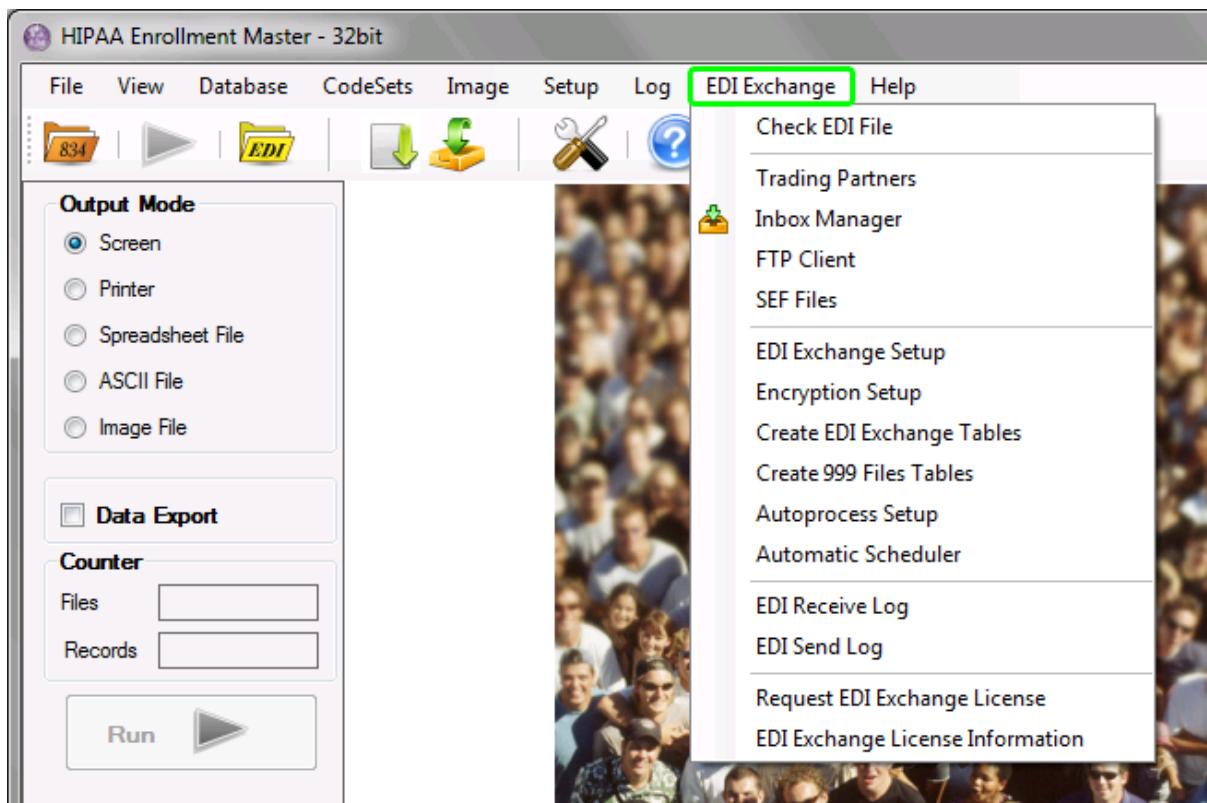
10 EDI Exchange

10.1 Getting Started

10.1.1 About EDI Exchange

EDI Exchange is a module available in most HIPAA Suite EDI applications. It is an option that you can purchase for an additional cost. Some of our products, such as HIPAA Claim Master, process EDI files but do not receive or send EDI files to and from your trading partners. EDI Exchange is created to do that. EDI Exchange is designed for those organizations that have a large volume of EDI files, need more order and automation and adhere to tougher compliance rules. The EDI Exchange is an EDI pre-processor that handles FTP transport, encryption, HIPAA compliance check, trading partner management, etc. Outgoing EDI files can be checked for compliance; individual records that do not pass the check can be withheld.

HIPAA Suite products with EDI Exchange module have a main menu item called "EDI Exchange" with sub-menus to call the module's functions.



The "EDI Exchange" menu in HIPAA Enrollment Master

EDI Exchange performs the following functions:

- **Trading Partners Management** – The following Trading Partner's parameters can be stored and transparently managed with the help of EDI Exchange: name, address, EDI identifiers, delivery methods, encryption parameters, FTP servers, CORE-Compliant server addresses and credentials, communication numbers and folders to keep files separated, special requirements specific to this trading partner. Read more in [Setting up Trading Partners](#).
- **File Transport** – EDI Exchange has a built-in FTP client that can securely connect to your trading partner's FTP servers. If you employ your own FTP server, you can utilize the folder structure that EDI Exchange uses to manage incoming files, users, home directories and permissions so that your Trading Partners can drop off and pick up EDI files. Supported are:
 - Simple FTP
 - FTP Secure
 - Implicit FTPS
 - Explicit FTPS
 - Secure Shell FTP or sFTP
- Read more in [Using FTP Client](#).
- **Encryption** – Many healthcare-related companies use encryption to cloak the content of their EDI files. The prevalent method of encryption is **PKI** (Private Key Infrastructure) that uses the product of two incredibly large prime numbers as cipher. EDI Exchange supports [PGP](#) (Pretty Good Privacy), the leader in PKI products as well as the open source [GPG](#) project with its [Windows sub project](#) PGP4Win. Both are implementations of the same encryption mechanism. Read more in [Using Encryption](#).
- **File Management** – EDI Exchange uses a clear directory structure to store EDI files. The structure is based on root directories for incoming files, outgoing files, processed files and suspended files. Below these root directories, there are subdirectories for each trading partner and then each transaction set. Read more in [Defining Root Directory](#) and [Initializing EDI Exchange](#).
- **EDI Compliance Check** – EDI standards are strict and precise; adherence to the standards is very important so that any organization can work with them regardless of their backend system software. EDI Exchange has a built-in compliance engine that checks incoming files for compliance. The engine also generates a report listing each problem with the exact location. Outgoing EDI files can also be checked and you have an option to withhold individual records that violate the rules. Read more in [Checking EDI Files](#).

- **EDI Control for Transactions** – The EDI protocols have a few supporting transaction sets that are useful to the smooth functioning of EDI exchanges. They provide the sender with an instant feedback on receipt. The following transaction sets are available:
 - **TA1 Acknowledgment**
 - **997/999 Functional Acknowledgment**
 - **277U/277CA Unsolicited Claim Status Response** (in case of Claims)
- **Logging** – EDI Exchange has several logs that are instrumental to keep processing in order and allows to forensically investigate mishaps. There are three logs in EDI Exchange:
 - **Incoming file log** – See [Accessing EDI Receive Log](#).
 - **Outgoing file log** – See [Accessing EDI Send Log](#).
 - **Daily transaction log**

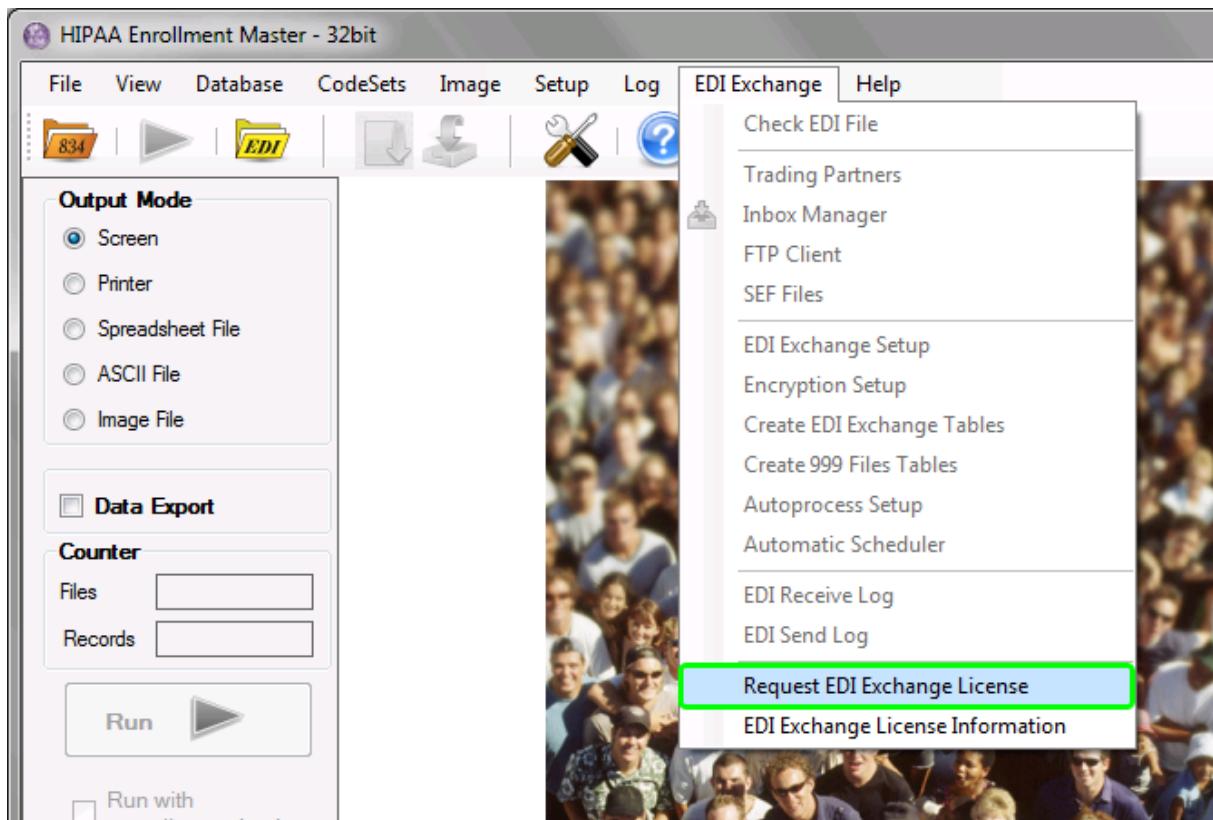
10.1.2 Requesting EDI Exchange License

If your trial has expired, you can request an extension to the trial.

If you purchased the product and need a final license key, you should request an EDI Exchange license.

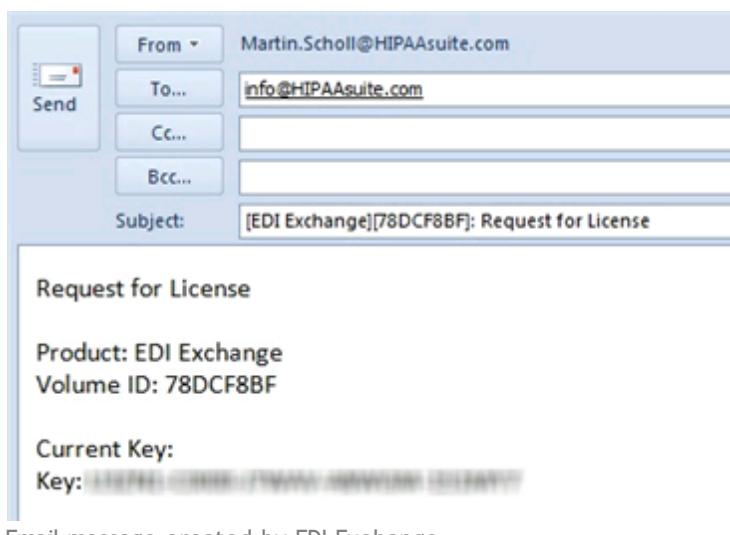
Follow the instructions below to request a trial or final license key.

1. Select "Request EDI Exchange license" under the "EDI Exchange" menu item.



A menu item to request a license key

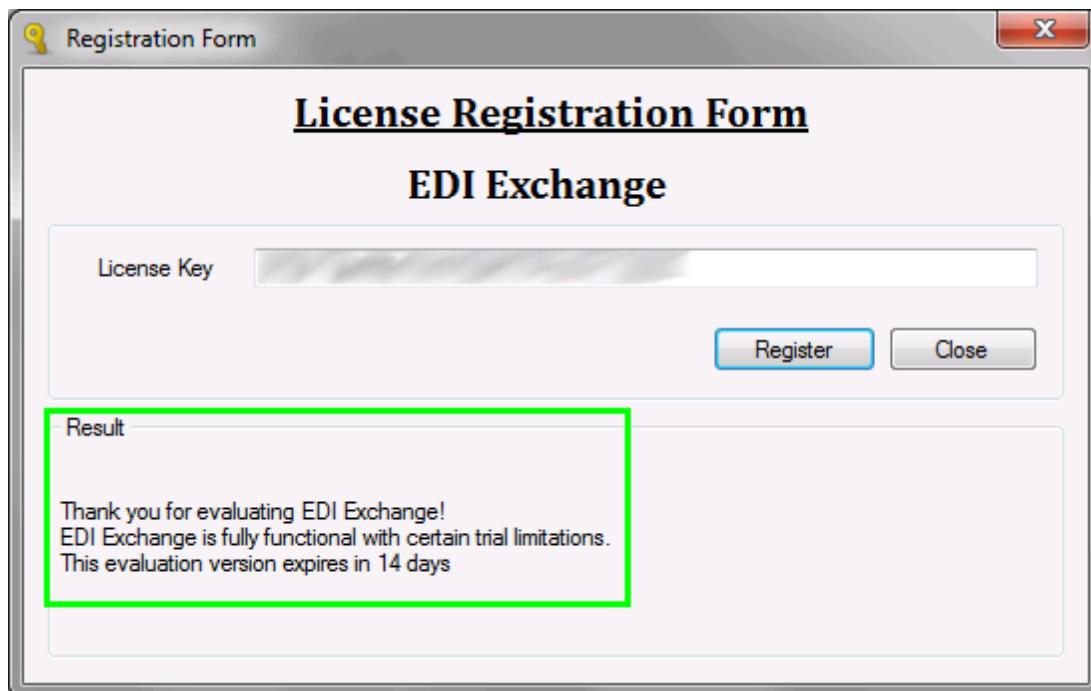
- Once you have clicked this menu item, your default email application appears. In our case, it is Microsoft Outlook. All information necessary to produce the key is automatically filled out.



- You can add a trial extension or a final key after purchasing or relocating the

software.

Once you receive the response with the key for EDI Exchange, you can bring the "Registration Form" screen up again and click on "Register". Enter the key to unlock EDI Exchange. In the Result area, you will see that EDI Exchange has been registered.

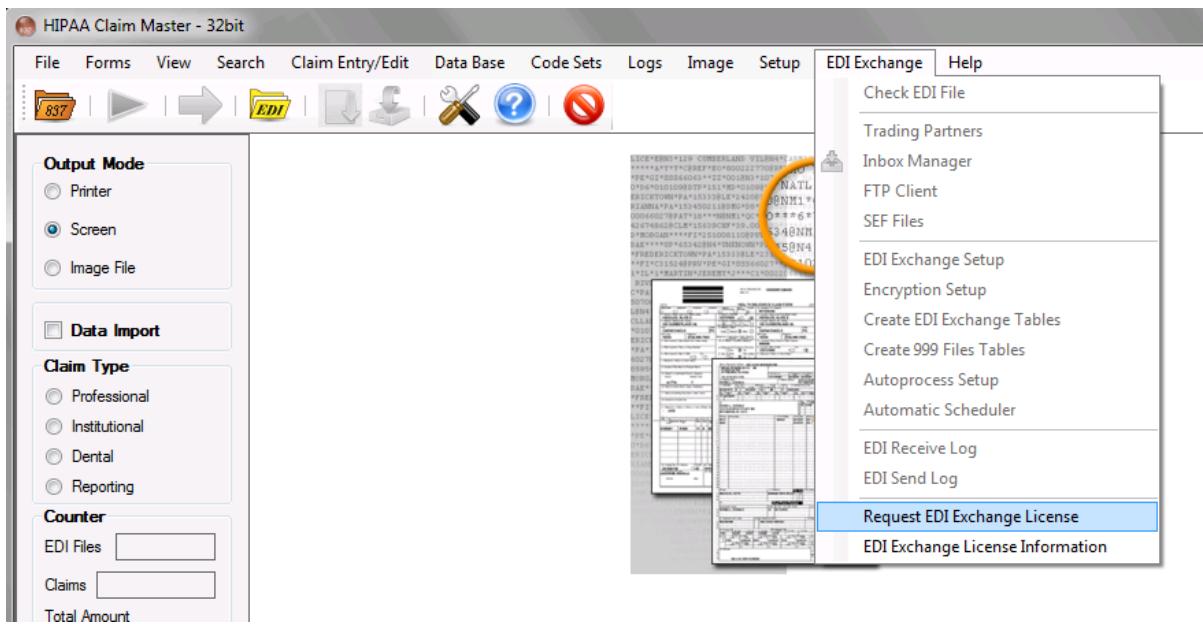


Entering the license key

10.1.3 Registering EDI Exchange

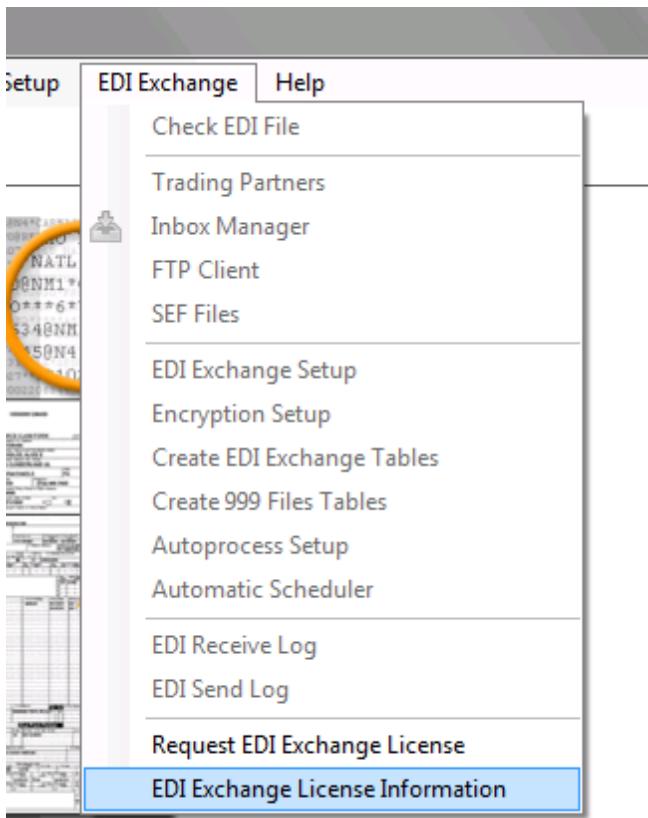
EDI Exchange is licensed separately from the host application, HIPAA Claim Master, for example. The reason is that EDI Exchange will work on all HIPAA Suite Products that are installed on your particular computer. For example, if you have HIPAA Claim Master and HIPAA Enrollment Master licensed, only one license of EDI Exchange is needed and the module will work across two products.

When you first install a HIPAA Suite product of your choice, a 15-day EDI Exchange trial is included. Once the trial expires, EDI Exchange loses its functionality. The menu items under "EDI Exchange" become disabled except the last ones that allow you to license and enable the product.



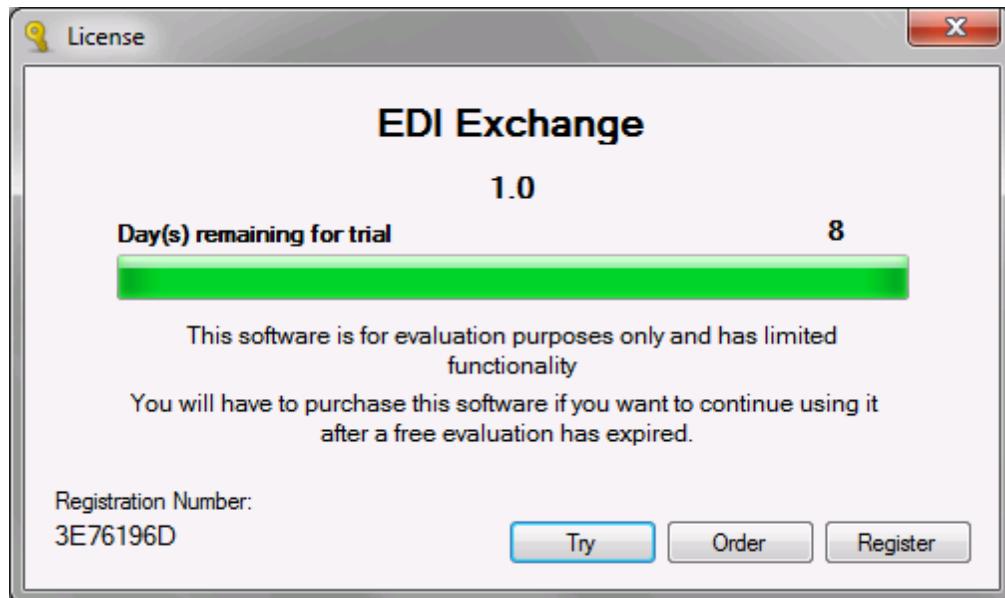
The "EDI Exchange" menu with menu items disabled

You can register the product by clicking on the "EDI Exchange License Information" option under the "EDI Exchange" menu.



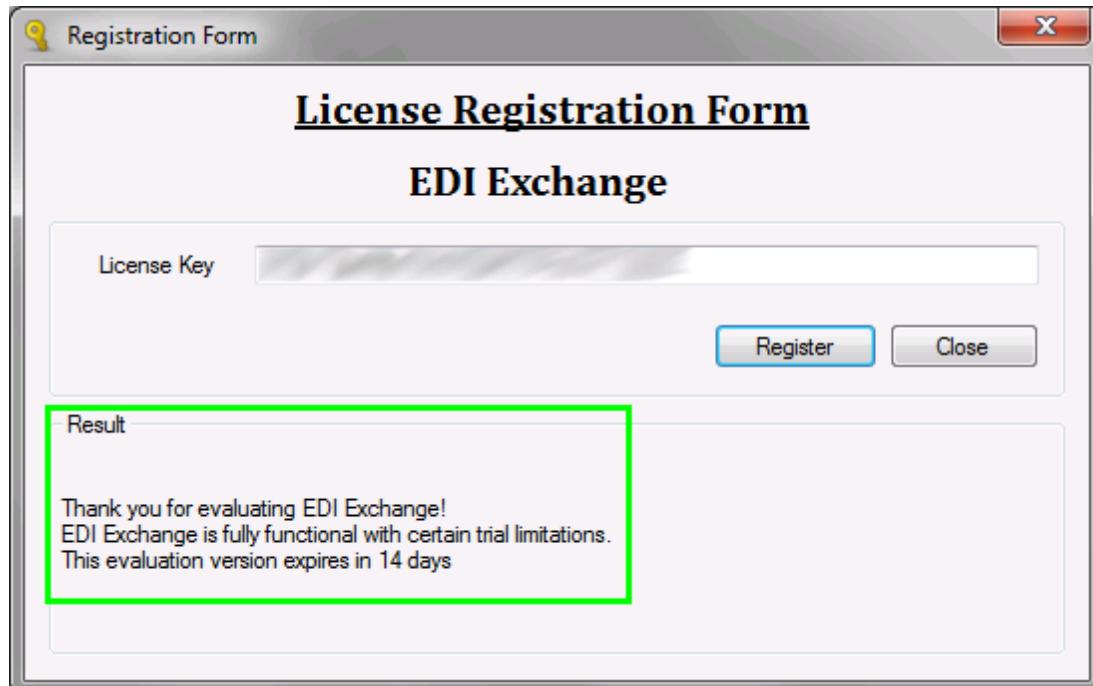
"EDI Exchange License Information" option under the "EDI Exchange"

Then the license screen appears. In the lower left corner you can find the unique registration number needed to create either trial extensions or final licensing.



The license information screen

Once you click on "Register," you can enter the license key that you have previously received via email from us (see [Requesting EDI Exchange License](#).) Click on "Register" and you will see the registration message in the "Result" area.



Extending the trial by entering a license key

Close the "Registration Form" and continue using the EDI Exchange.

10.2 Configuring EDI Exchange (Obligatory Settings)

10.2.1 1 Setting up Database Connection

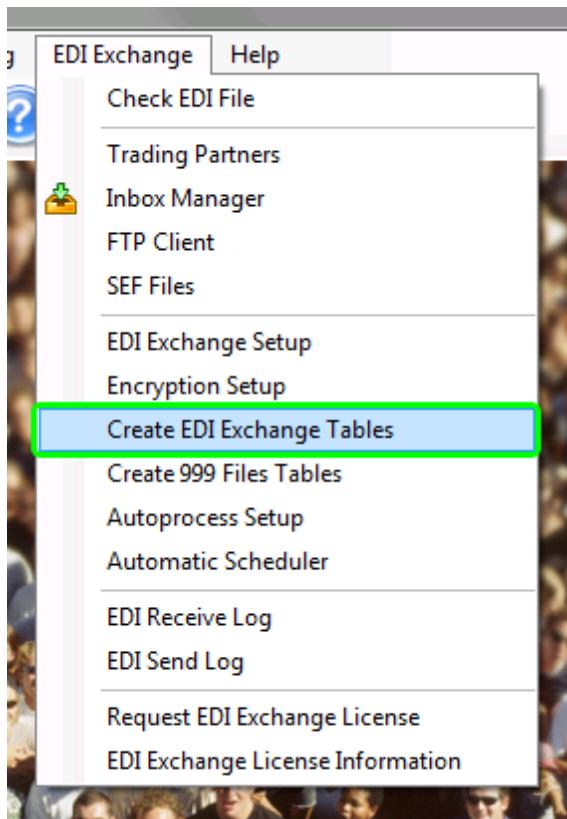
EDI Exchange work is based on the database connection that you define under *Database ▶ Connection and Data Fields* in the main menu of the HIPAA host application. Make sure the connection has already been set up and tested before proceeding with EDI Exchange.

Then proceed to the next step: [Creating Database Tables](#).

10.2.2 2 Creating Database Tables

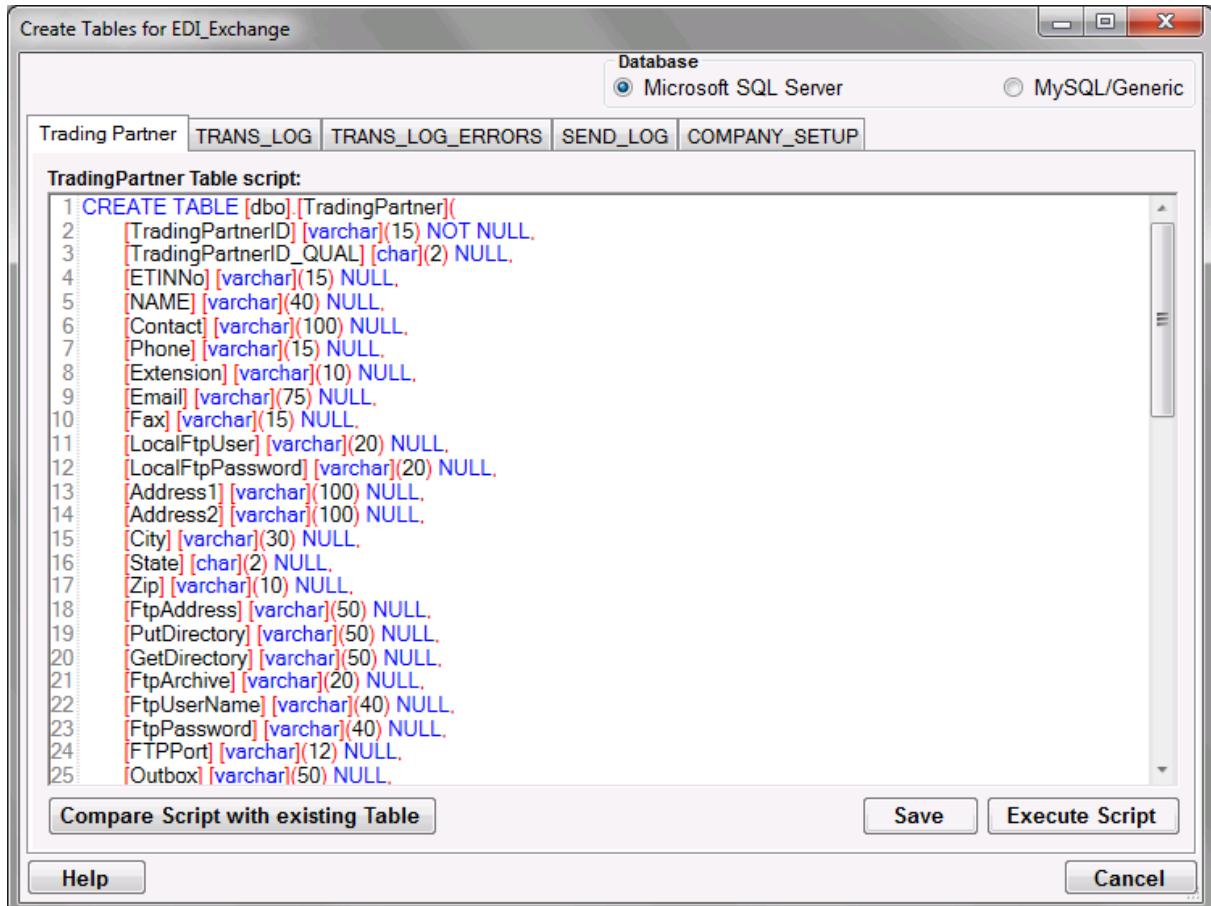
Once you have configured the database connection ([Setting up Database Connection](#)), follow the instructions below.

1. Select *EDI Exchange ▶ Create EDI Exchange Tables* in the main menu.



The menu item to create the necessary tables.

2. The "Create Tables for EDI_Exchange" screen will appear. Table creation and/or modification for your database is handled here.



The screen to create the tables

3. Select the database type you use for your host HIPAA application.

- Database
 - Microsoft SQL Server (SQL Server 2008 and above)
 - MySQL

Note: In case your database is not listed, modify the scripts or ask your database administrator to make the necessary modifications.

4. The following tables are part of EDI Exchange:

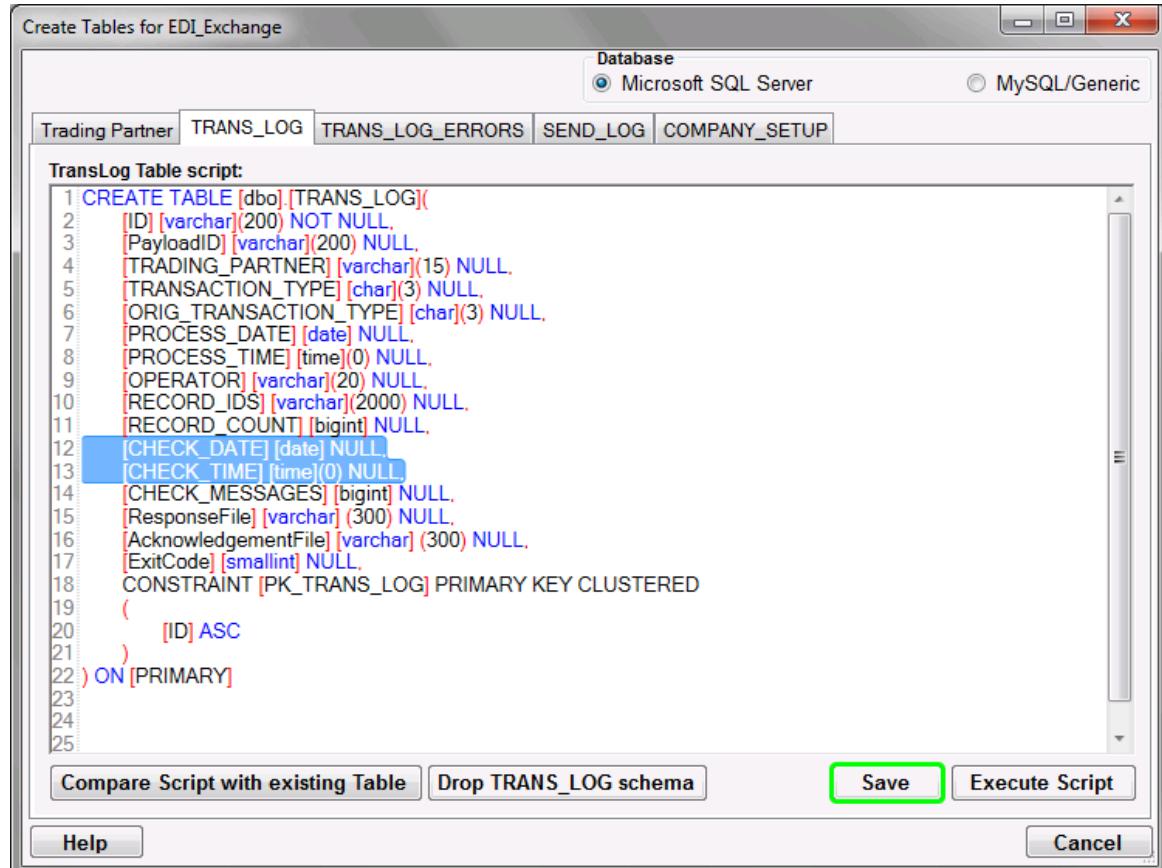
- **TradingPartner** – SQL statements to create the "TradingPartner" table in your database. This table contains information about trading partners.
- **Trans_Log** – SQL statements to create the "TRANS_LOG" table in your database.

This table contains incoming file information, keeps track of all EDI files that you receive and the compliance check report.

- **Trans_Log_Errors** – SQL statements to create the "TRANS_LOG_ERRORS" table in your database. This table collects the results of the compliance check and keeps track of all sent files.
- **Send_Log** – SQL statements to create the "SEND_LOG" table in your database. The table contains information about EDI files created and sent to trading partners.
- **Company_Setup** – SQL statements to create the "COMPANY_SETUP" table in your database. This table collects information about you, the sender of EDI information.

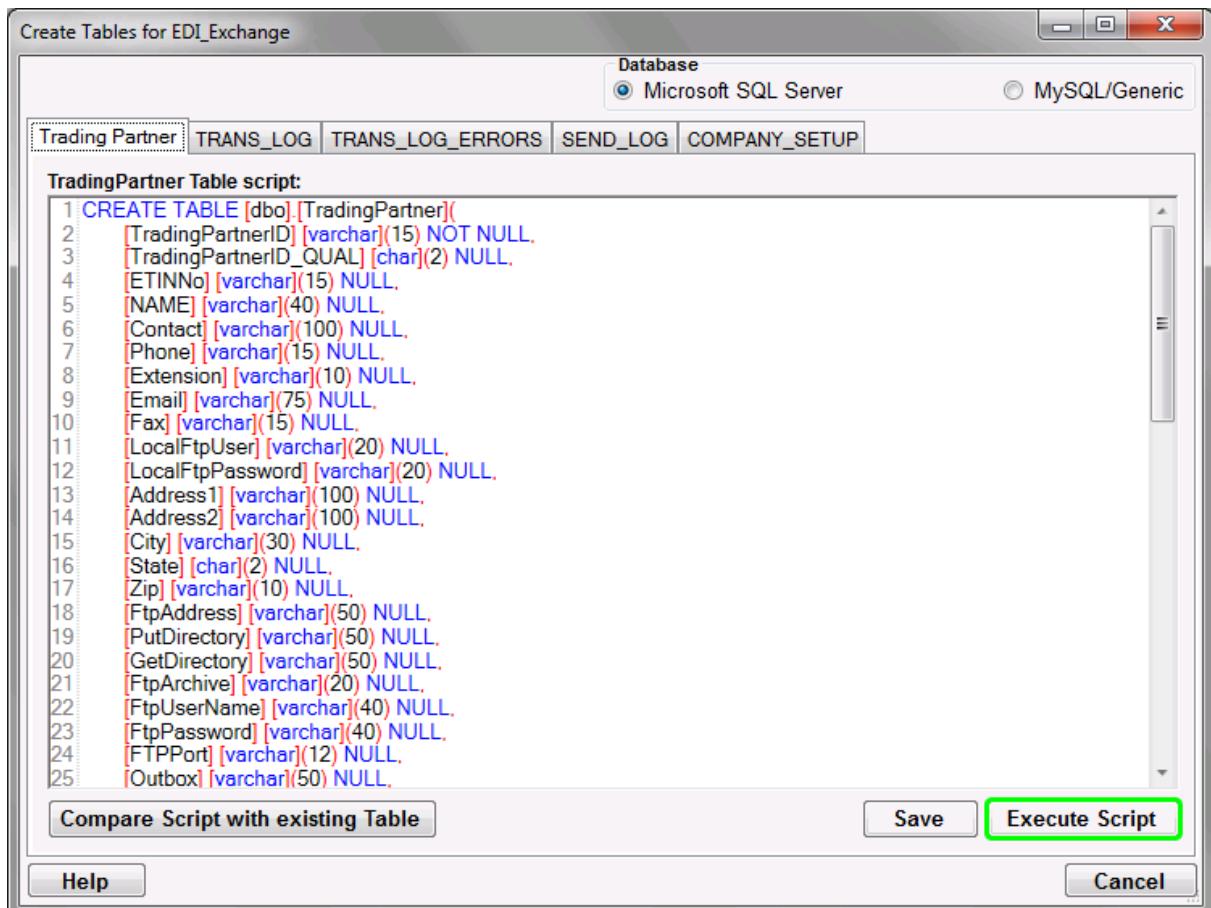
5. You can modify the scripts so that they run on your specific database. Once you have modified the script, click "Save."

Tip: Every database system has their own little syntax idiosyncrasies and the scripts might require tweaking. You can edit the table scripts in this screen and save your modified scripts. One example are 'date' and 'time' or 'money' data types that do not exist in SQL Server 2005. You can just rename those types to 'datetime' and save your script and it will run fine.



The "Save" button

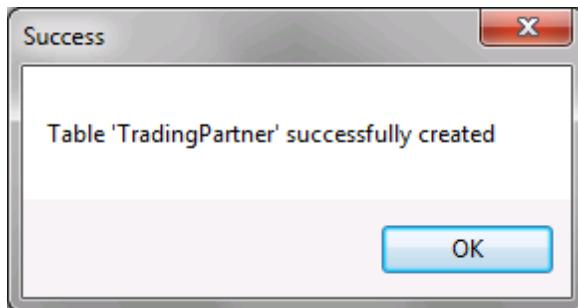
6. For each script on every tab, click "Execute Script" to create the corresponding table in the database.



The "Execute Script" button

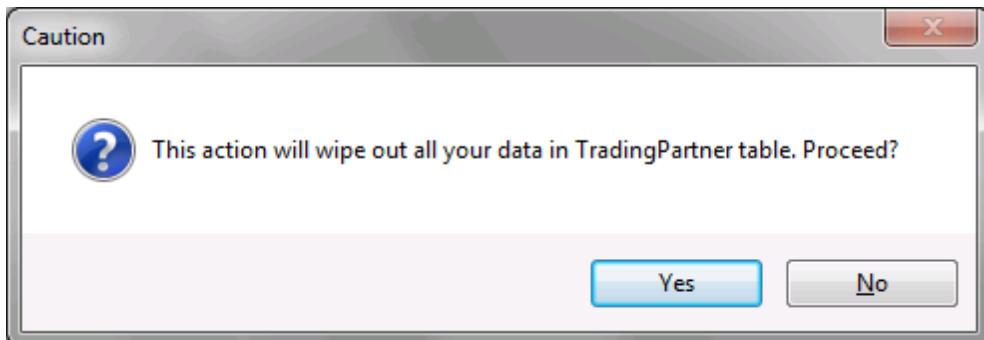
Notice: Creating tables means clicking the "Execute Script" button in all five tabs of the "Create Tables for EDI_Exchange" window. Then close this window.

7. Once the table has been created successfully, you will see the following notification:



The Create Table script success message

Warning: Double-execution of a script wipes out the previous table you have created. A prompt will warn you before deleting an existing table. To Add/Remove fields use the "Compare Script..." button. Remove the script files once you have created the tables so nobody can destroy the tables by accident.



The double-execution warning message.

Make sure there are no error messages and the table creation has been completed successfully.

Compare Script with existing Table

HIPAAsuite products go through continual development and improvements. Often these changes lead to new fields in the database. While it is easy to drop a table and regenerate it with the new fields, you will lose all the data in the table. To avoid this trouble there is the button "Compare Script with existing Table". If you click this, the table structure in your database will be compared with the script. There are two possible outcomes. Your table is up to date

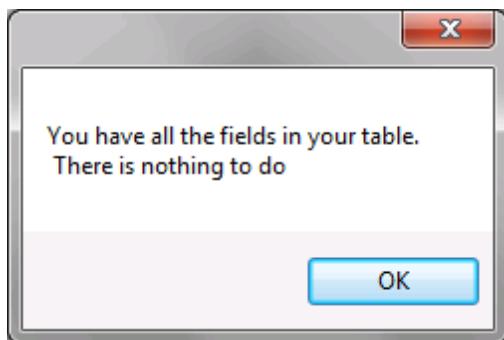
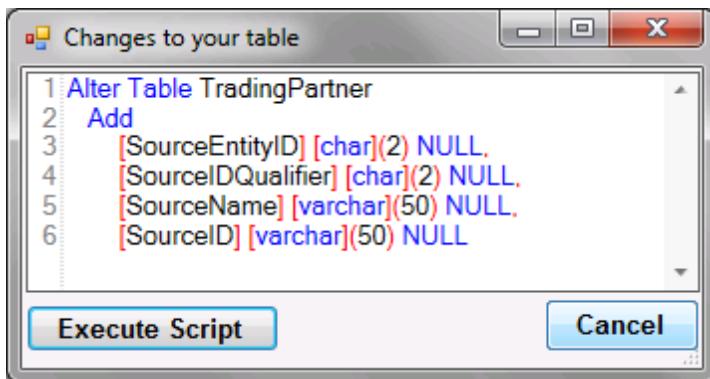


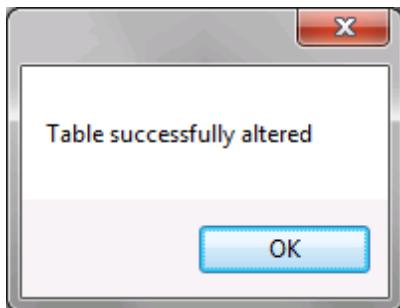
Table is up to date

or if your table is missing recently added fields, you will see a window pop up that shows an 'Alter Table' script with which you can add those fields to the table without interfering with existing data.



The 'Alter Table' script that shows as a result of missing fields

You can now click the "Execute Script" button and the field will be added and a message will confirm your changes



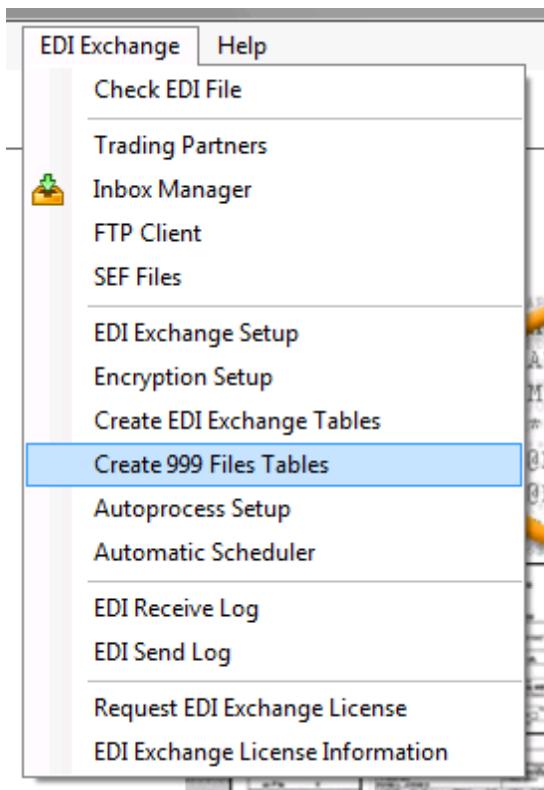
Alter Table statement successfully executed.

Once you have created the tables, you can start setting up the other application options. See the next step: [Defining Auto-Processing Options](#).

10.2.3 2b Creating 999 File Tables

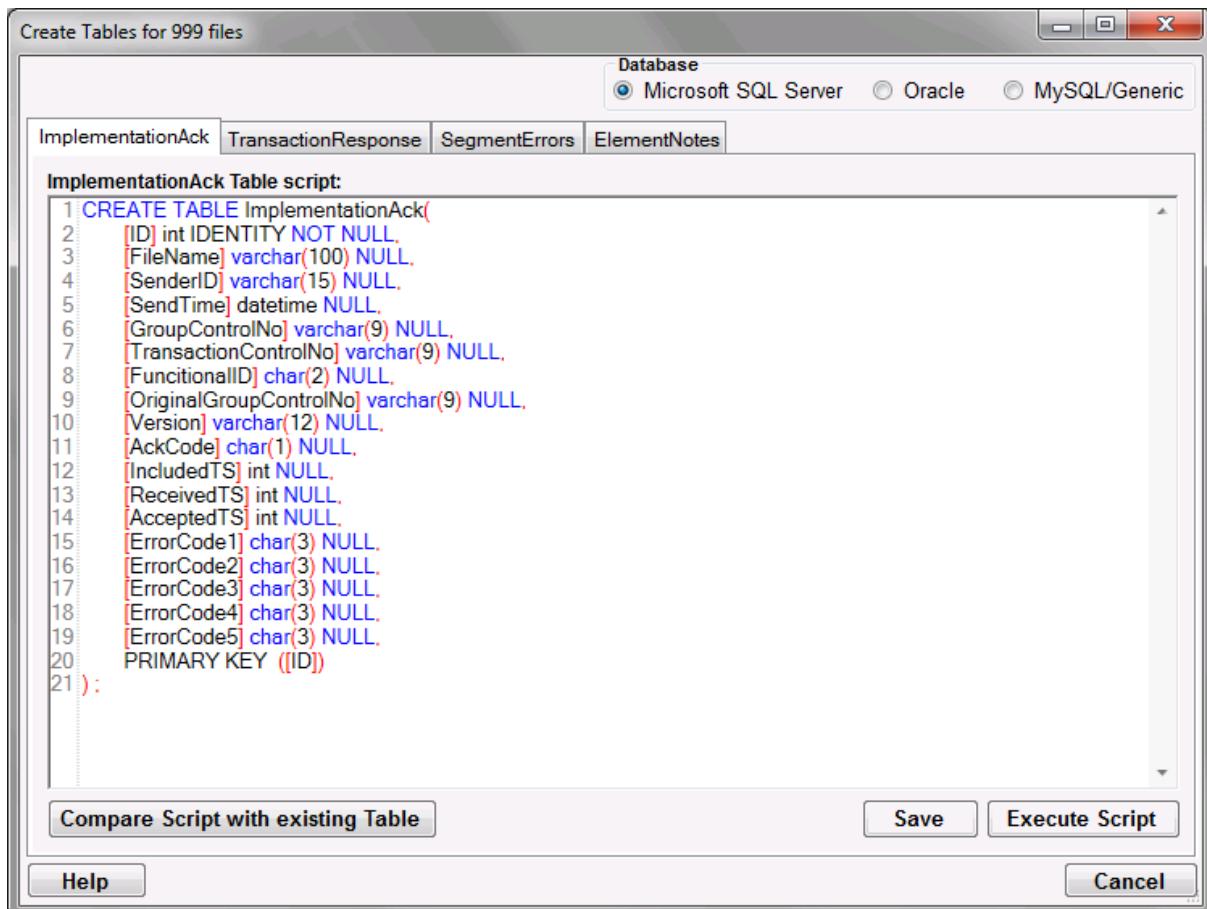
Once you have configured the database connection ([Setting up Database Connection](#)), follow the instructions below.

1. Select *EDI Exchange* ▶ *Create 999 Files Tables* in the main menu.



The menu item to create the necessary tables

2. The "Create Tables for 999 Files" screen will appear. Table creation and/or modification for your database is handled here.



The screen to create the tables

3. Select the database type you use for your host HIPAA application.

- **Database**
 - Microsoft SQL Server (SQL Server 2008 and above)
 - Oracle
 - MySQL

Note: In case your database is not listed, modify the scripts or ask your database administrator to make the necessary modifications.

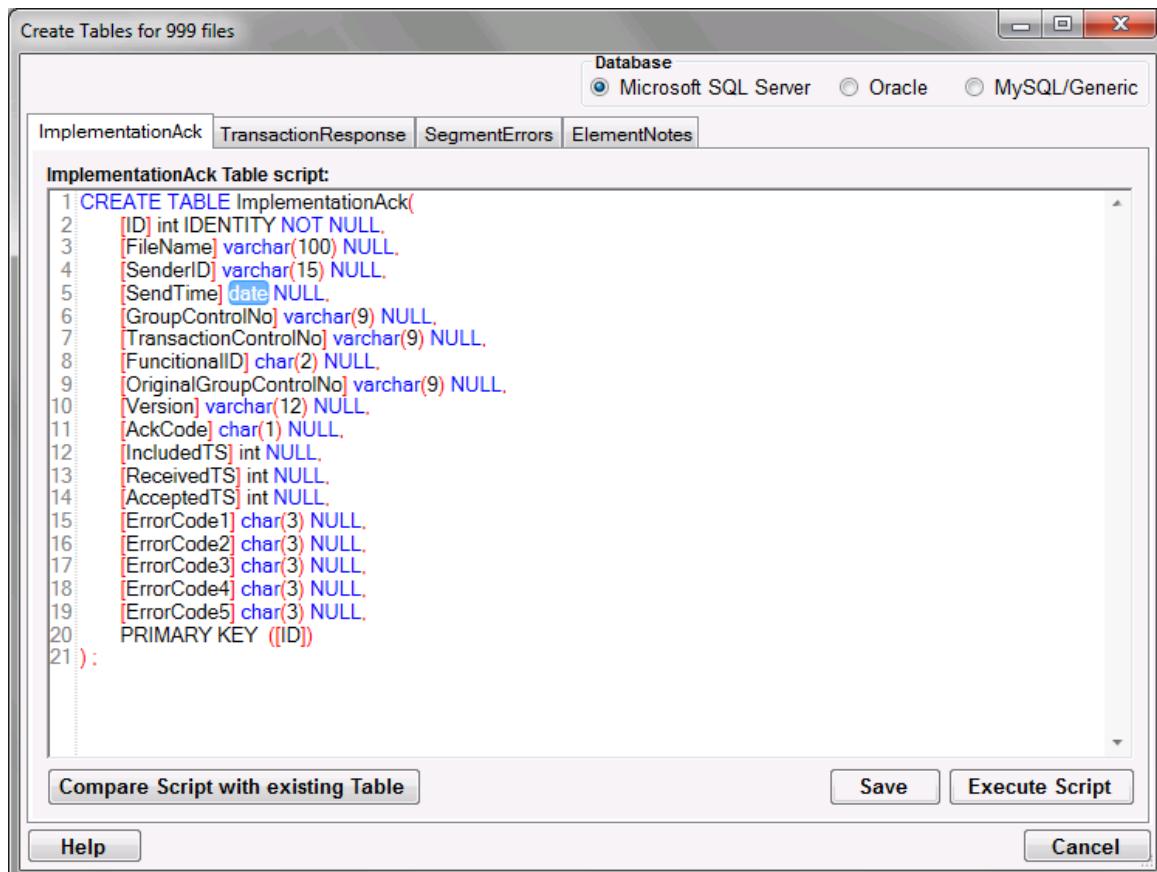
1. The following tables are part of EDI Exchange:

- **ImplementationAck** – SQL statements to create the "ImplementationAck" table in your database. This table contains information about Acknowledgments.
- **TransactionResponse** – SQL statements to create the "TransactionResponse" table in your database. This table contains individual transactions contained in 999 files.

- **SegmentErrors** – SQL statements to create the "SegmentErrors" table in your database. This table contains individual segments in error contained in 999 transactions.
- **ElementNotes** – SQL statements to create the "ElementNotes" table in your database. The table contains the elements in error in a specific segment.

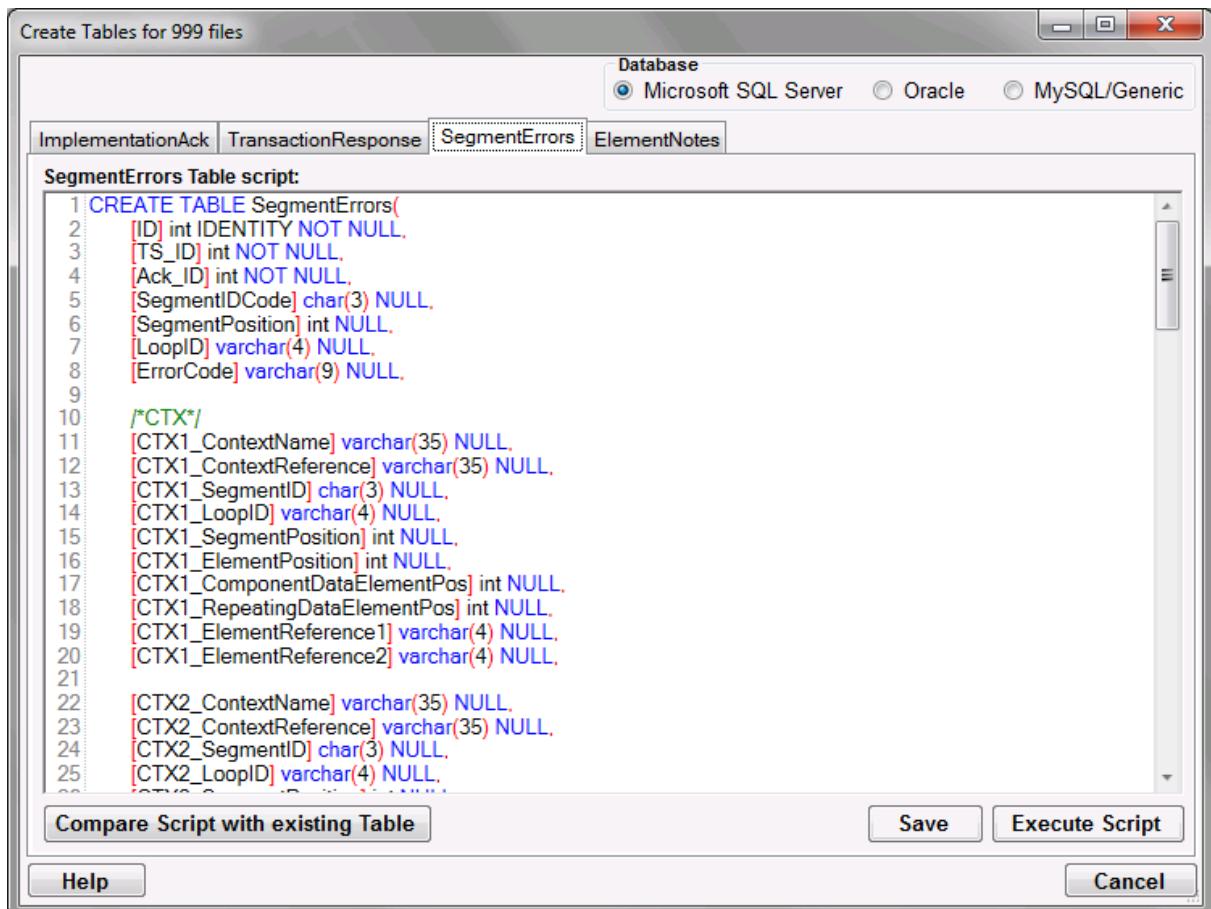
5. You can modify the scripts so that they run on your specific database. Once you have you modified the script, click "Save."

Tip: Every database system has their own little syntax idiosyncrasies and the scripts might require tweaking. You can edit the table scripts in this screen and save your modified scripts. One example are 'date' and 'time' or 'money' data types that do not exist in SQL Server 2005. You can just rename those types to 'datetime' and save you script and it will run fine.



The "Save" button

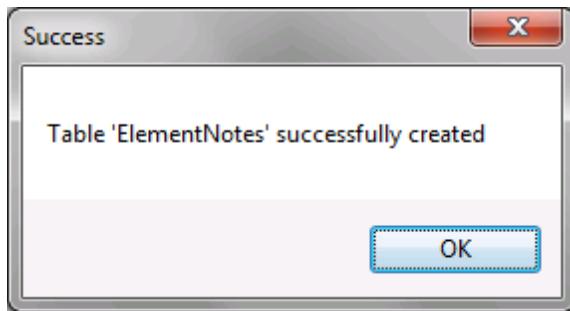
6. For each script on every tab, click "Execute Script" to create the corresponding table in the database.



The "Execute Script" button

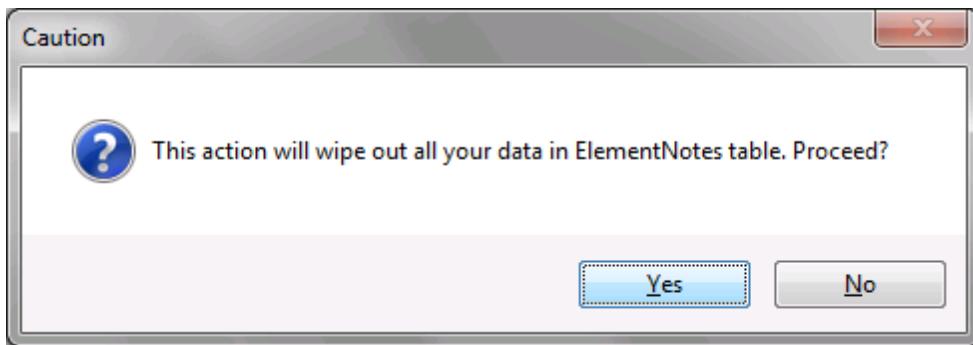
Notice: Creating tables means clicking the "Execute Script" button in all four tabs of the "Create Tables for 999 Files" window. Then close this window.

7. Once the table has been created successfully, you will see the following notification:



The Create Table script success message

Warning: Double-execution of a script wipes out the previous table you have created. A prompt will warn you before deleting an existing table. To Add/Remove fields use the "Compare Script..." button. Remove the script files once you have created the tables so nobody can destroy the tables by accident.



The double-execution warning message.

Make sure there are no error messages and the table creation has been completed successfully.

Compare Script with existing Table

HIPAAsuite products go through continual development and improvements. Often these changes lead to new fields in the database. While it is easy to drop a table and regenerate it with the new fields, you will lose all the data in the table. To avoid this trouble there is the button "Compare Script with existing Table". If you click this, the table structure in your database will be compared with the script. There are two possible outcomes. Your table is up to date

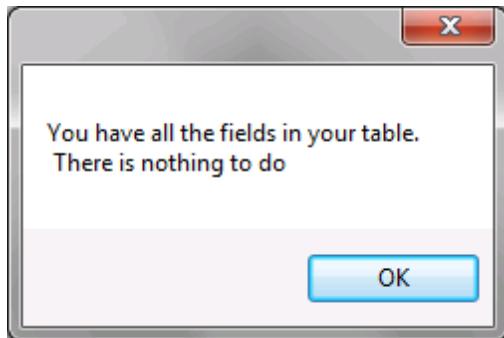
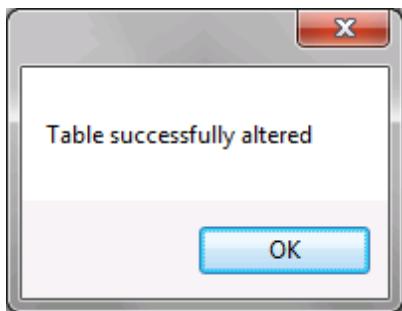


Table is up to date

or if your table is missing recently added fields, you will see a window pop up that shows an 'Alter Table' script with which you can add those fields to the table without interfering with existing data. In the latter case, you can click the "Execute Script" button and the field will be added and a message will confirm your changes



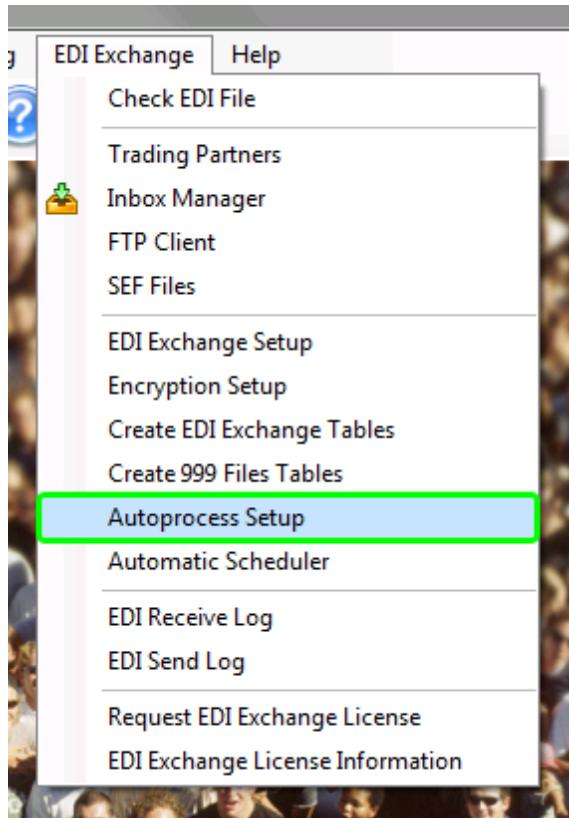
Alter Table statement successfully executed.

10.2.4 3 Defining Auto-Processing Options

In the "Auto-Process Setup" you can instruct the program on what to do after analyzing and decrypting the received files in the Inbox Manager. The auto processing enables you to combine and run multiple fulfillment steps together (for example, export, saving, printing.) These options are important for the hand-over from EDI Exchange to the other HIPAA Suite program that hosts EDI Exchange.

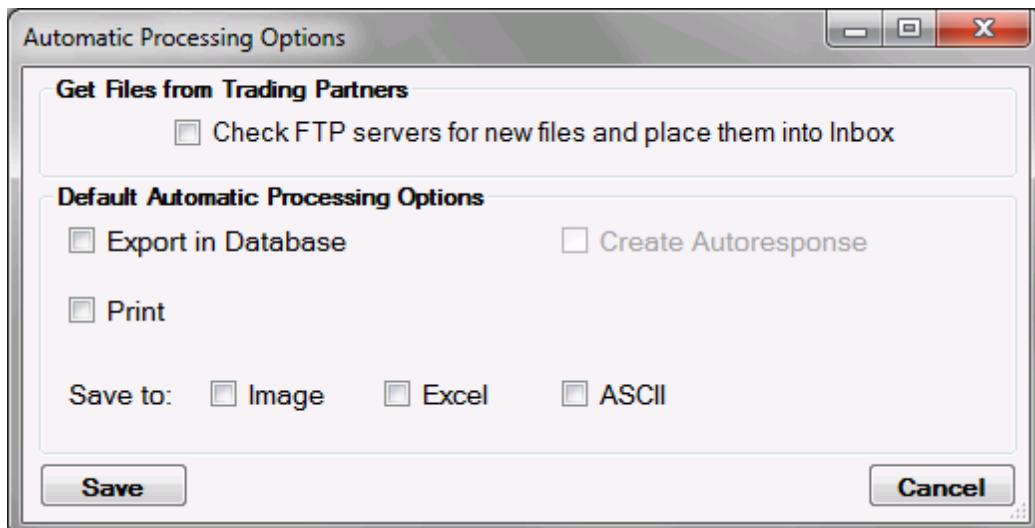
Follow the instructions below to specify the Auto Process Options.

1. Select *EDI Exchange* ▶ *Autoprocess Setup* in the main menu.



The "Autoprocess Setup" menu item

2. The following screen will appear if the host HIPAA application is Enrollment Master.



Defining the Auto Processing Options

3. The following options can be specified:

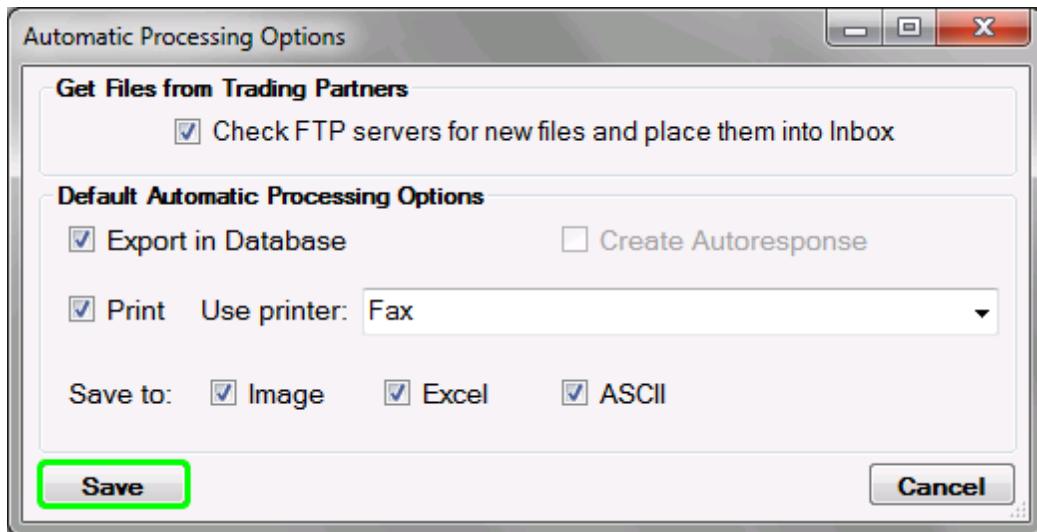
Check Path Options

- **Check FTP servers for new files** – If checked, EDI Exchange automatically looks for new files for all trading partners that have FTP connection set up. Then the program gets all the waiting files and puts them into the Inbox. In the second step, it goes through every file.

Default Automatic Processing Options

- **Export in Database** – If selected, the module exports new files to the database.
- **Print** – If selected, the module prints files using the selected printer.
- **Create Auto-Response** – If selected, the module creates an auto-response to the received files.
- **Save to** – If selected, the system automatically saves files as:
 - **Image**
 - **Excel**
 - **ASCII**

4. Click "Save."



The "Save" button

Once you have saved the auto-processing options, the files will not only be analyzed but also processed according to the defined settings. Proceed to the next step: [Defining Communications Directory](#).

10.2.5 4 Defining Communications Directory

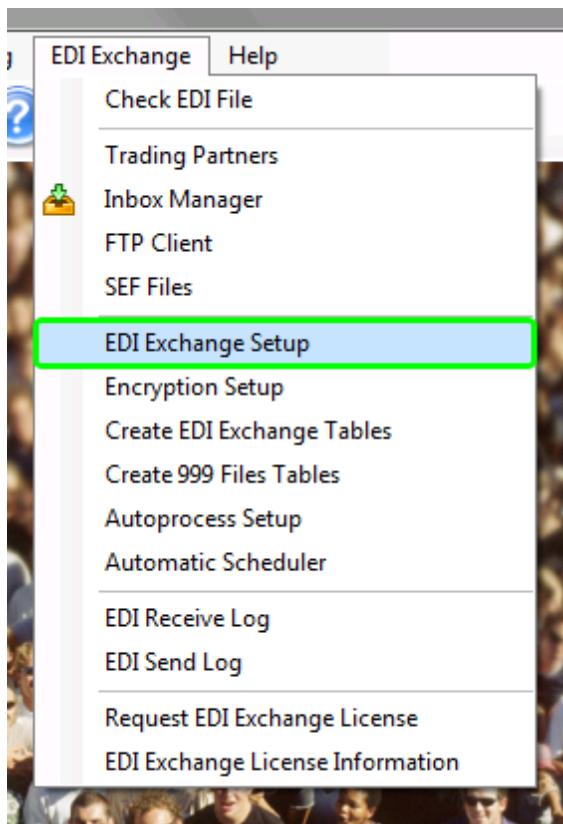
EDI file directory is an obligatory setting you need to set up before starting using the EDI Exchange. In order to keep track of the thousands of EDI files that accumulate over time, EDI Exchange uses a folder structure which we call the "HIPAA Suite Communications Directory" or "HIPAA Suite CommDir" in short. In it, you will find all your EDI files sorted into several categories:

- **Inbox**
- **Outbox**
- **ProcessedFiles**
- **EncryptedFiles**
- **SuspendedFiles**

Within these directories, there will be folders for each Trading Partner and type of transaction. The location and names of the sub-folders are handled in the "Trading Partner Setup." See [Setting up Trading Partners](#).

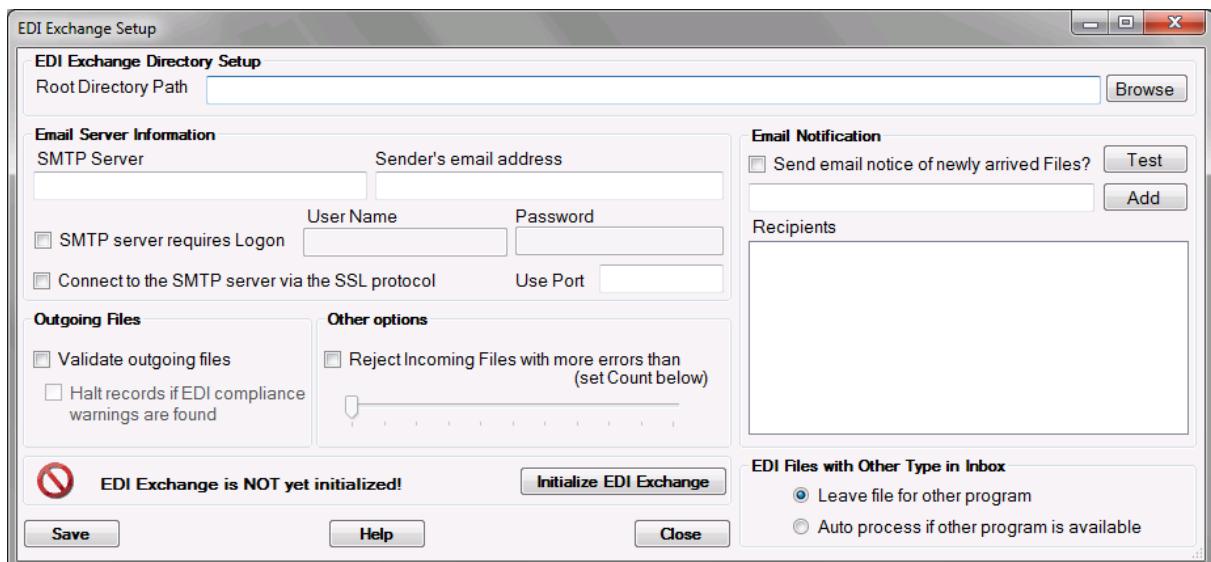
Follow the instructions below to specify EDI communications root directory.

1. Select "EDI Exchange Setup" under the "EDI Exchange" menu item.



The "EDI Exchange Setup" menu item

2. The following window will appear.



The "EDI Exchange Setup" window

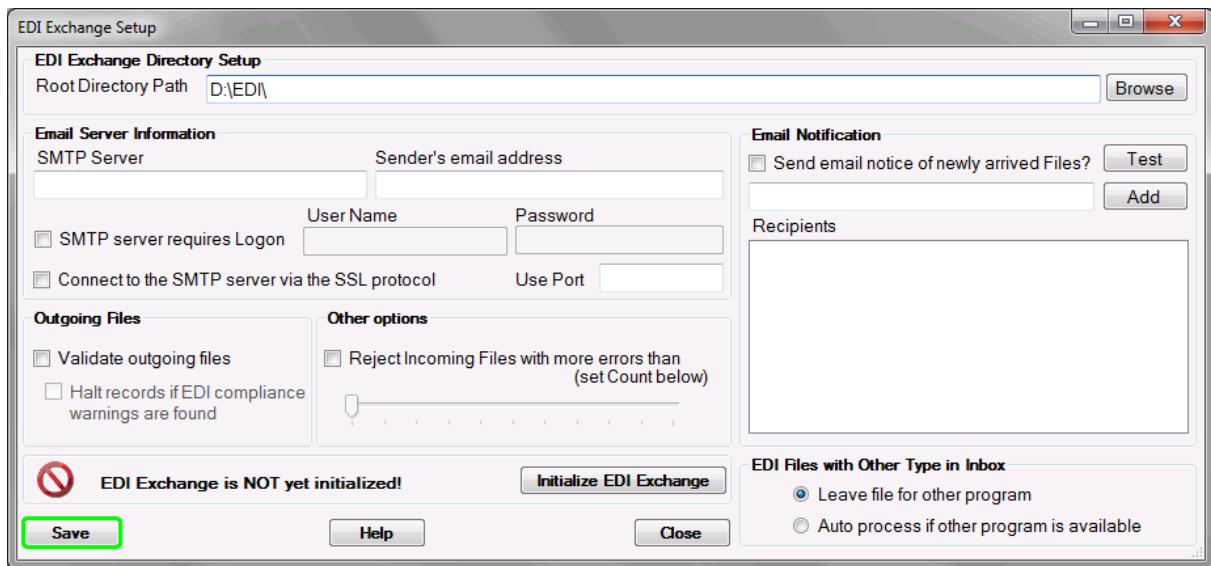
Note: The icon in the lower left corner indicates that EDI Exchange has not been initialized yet.

3. Under "EDI Exchange Directory Setup" specify the following setting:

- **Root Directory Path** – Define the root path in the "Root Directory Path" text field. The root path is the folder where all your EDI files reside. EDI Exchange will later create sub-directories required to operate.



4. Click "Save."

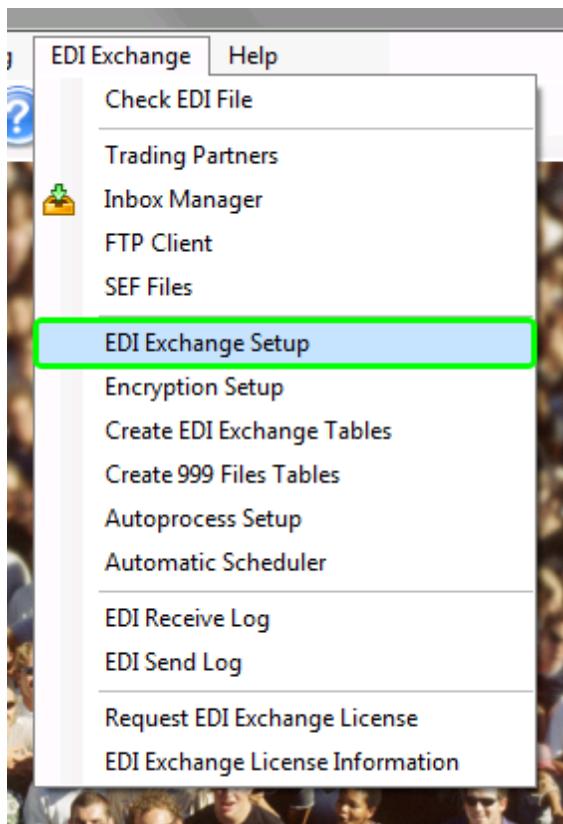


After setting the root directory, you can click the "Initialize EDI Exchange" button. Read more in [Initializing EDI Exchange](#).

10.2.6 5 Initializing EDI Exchange

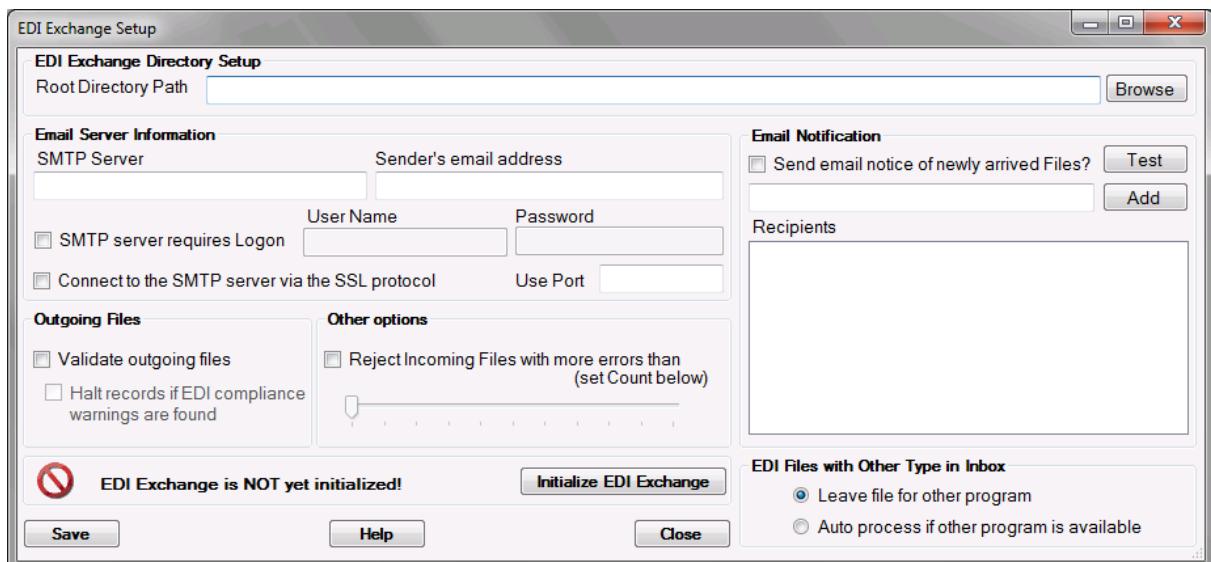
Before you can use EDI Exchange, and after you have configured the obligatory settings, you have to perform the initialization. Follow the instructions below.

1. Select "EDI Exchange Setup" under the "EDI Exchange" menu item.



The "EDI Exchange Setup" menu item

2. The following window will appear.

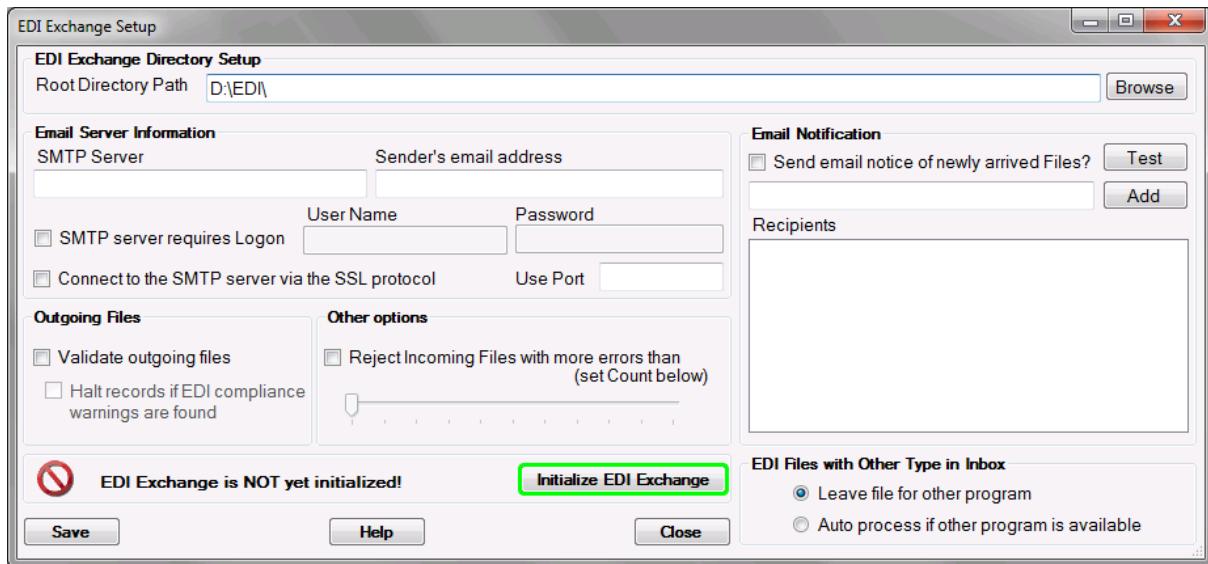


The "EDI Exchange Setup" window

Note: The icon in the lower left corner, indicating that EDI Exchange has not been initialized yet.

3. After setting the root directory (see the previous step [Defining Communications](#))

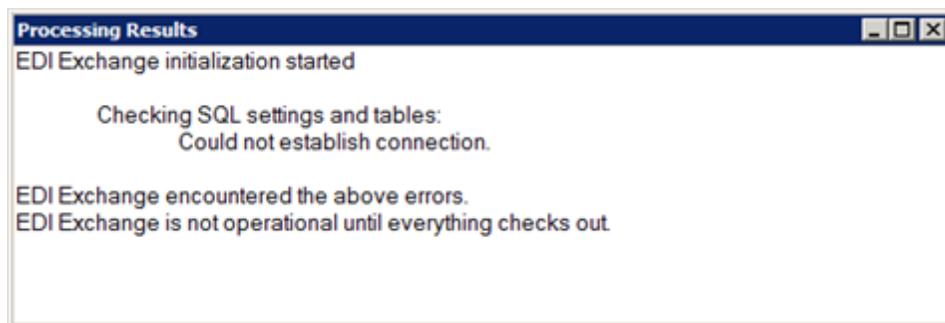
[Directory](#)), you can initialize EDI Exchange module. Click the "Initialize EDI Exchange" button to accomplish the process.



The "Initialize EDI Exchange" button

Once the "Initialize EDI Exchange" button is clicked, the system checks if all settings have been configured correctly.

1. The first thing the initialization process checks is the connection to the database and the presence of the necessary tables. EDI Exchange relies on the database connection that is part of the HIPAAsuite application that you are using. EDI Exchange needs Database Connectivity licensed and enabled. If this part is not yet set up, then you will get an error like this:



Initialization failed because of SQL connection problems

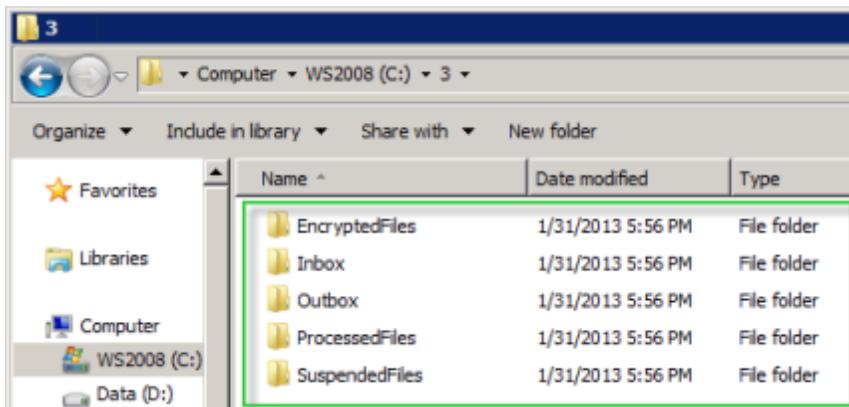
Read more in [Setting up Database Connection](#).

2. Once the connection is established, the program checks if the correct tables exist in the database. See [Creating Database Tables](#). Once the SQL part checks out, you will see the following message.

```
Checking SQL settings and tables:  
Connection settings are checked. Trading Partners table is checked.  
TRANS_LOG table is checked.  
TRANS_LOG_ERRORS table is checked.  
SEND_LOG table is checked.
```

3. The next step of the initialization processes – the program checks and, if necessary, creates the root directory and five sub-directories. Within these root directories, there will be folders for each Trading Partner and type of transactions. The location and names of the sub-folders are handled in the "Trading Partner" setup. The root folder is specified via the "EDI Exchange Setup" screen. Read more in [Defining Root Directory](#).

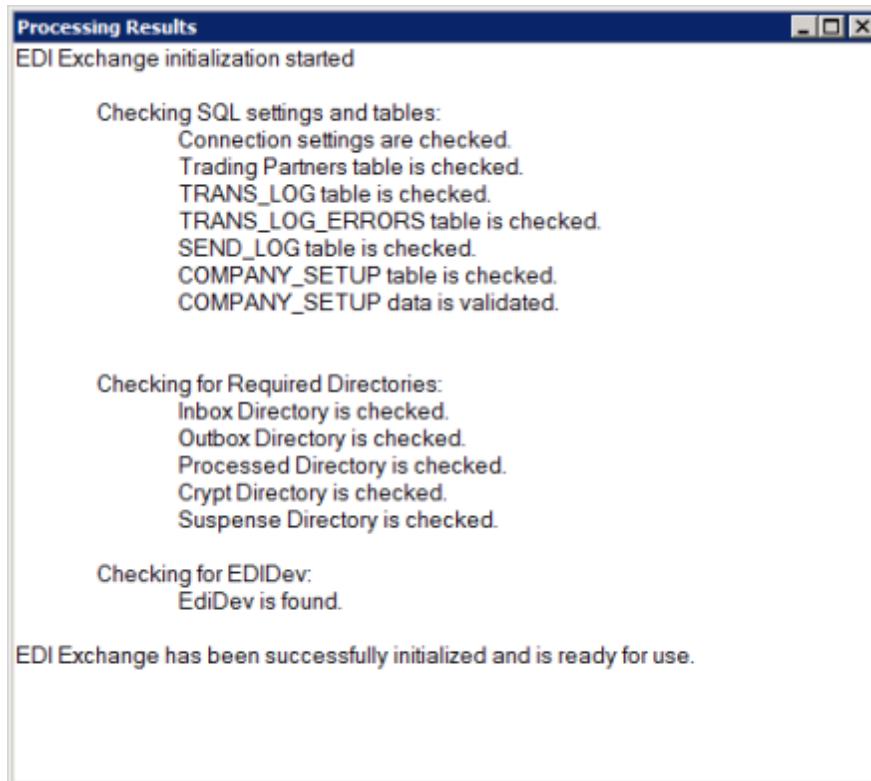
The sub-directories that EDI Exchange creates are as follows:



The directory structure of EDI Exchange

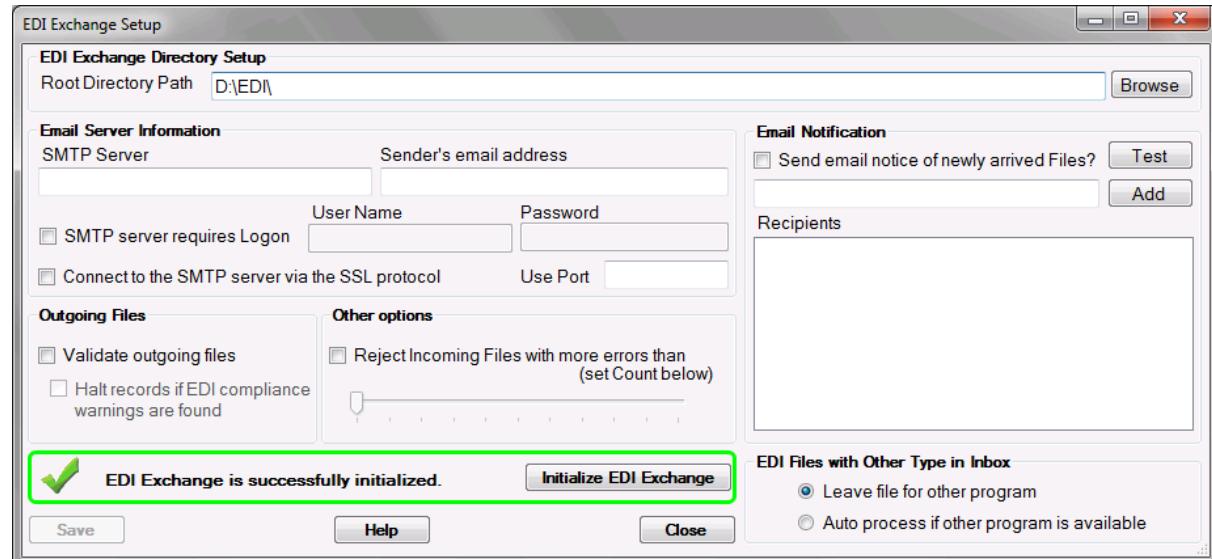
4. The next step of the initialization – the program checks if the HIPAA EDI compliance engine is properly installed.
5. The last thing checked by the system is if the Automatic File Processing options have been set up. Read more in [Defining Auto-Processing Options](#). The options are important for the hand over from EDI Exchange to the other HIPAA Suite program that hosts EDI Exchange.

Once all verifications have been completed successfully, you will see the following message:



Successful initialization of EDI Exchange

After that your EDI Exchange is initialized.



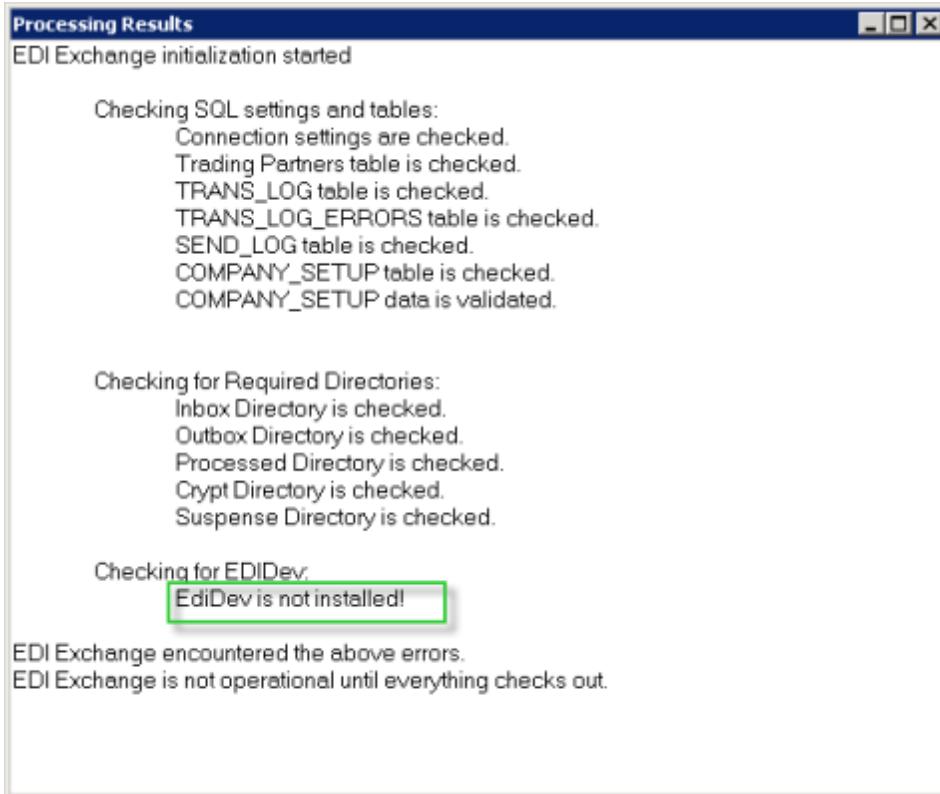
The "EDI Exchange is successfully initialized" message on the bottom of the "EDI Exchange Setup" window

Troubleshooting Initialization

When you are going through the Initialization process of the EDI Exchange, you can encounter the following message in the "Processing Results" window:

Checking for EDIDev:

EDIDev is not installed!



The EdiDev component is not installed

To resolve this issue, do the following.

1. Go to the <http://www.edidev.com/ediregis.htm> site.
2. Some systems may require Microsoft Redistributable Package to be installed first. In this case, download one of the following components according to your OS' bit depth.

The recommended minimum system requirement for Framework EDI:

- 256 MB RAM
- 1GB available disk space
- Windows 2000/2003/2008/XP/Vista/7
- Prerequisites: Some systems may require Microsoft Redistributable Package to be installed first to support:
 - Framework EDI.NET (32-bit) - download [Microsoft Visual C++ 2005 Redistributable Package \(x86\)](#)
 - Framework EDI.NET4 (32-bit) - download [Microsoft Visual C++ 2010 Redistributable Package \(x86\)](#)
 - Framework EDI.NET (64-bit) - download [Microsoft Visual C++ 2005 Redistributable Package \(x64\)](#)
 - Framework EDI.NET4 (64-bit) - download [Microsoft Visual C++ 2010 Redistributable Package \(x64\)](#)

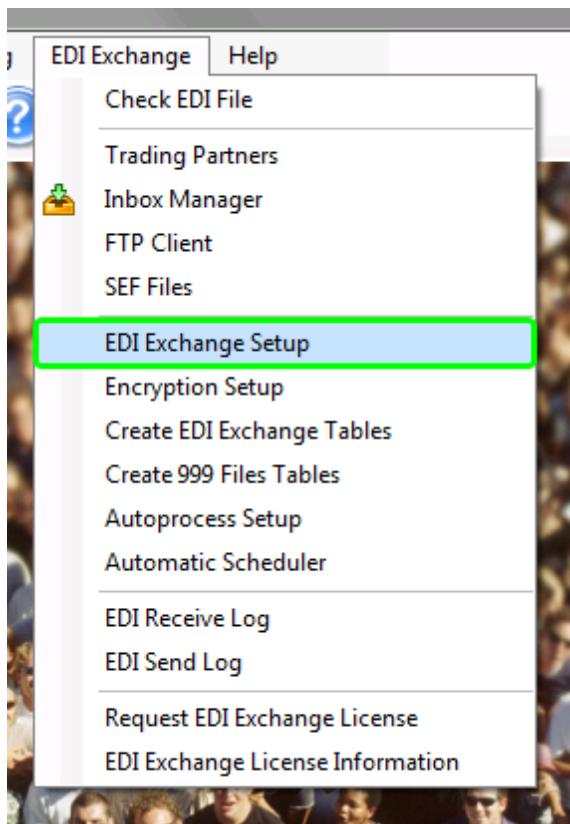
3. Download one of the following components you need according to your OS' bit depth:
 - Framework EDI Enterprise evaluation 32-bit
 - Framework EDI Professional evaluation 64-bit
4. Install downloaded components and start again the EDI Exchange initialization procedure.

10.3 Configuring EDI Exchange (Optional Settings)

10.3.1 Setting up Email Notifications

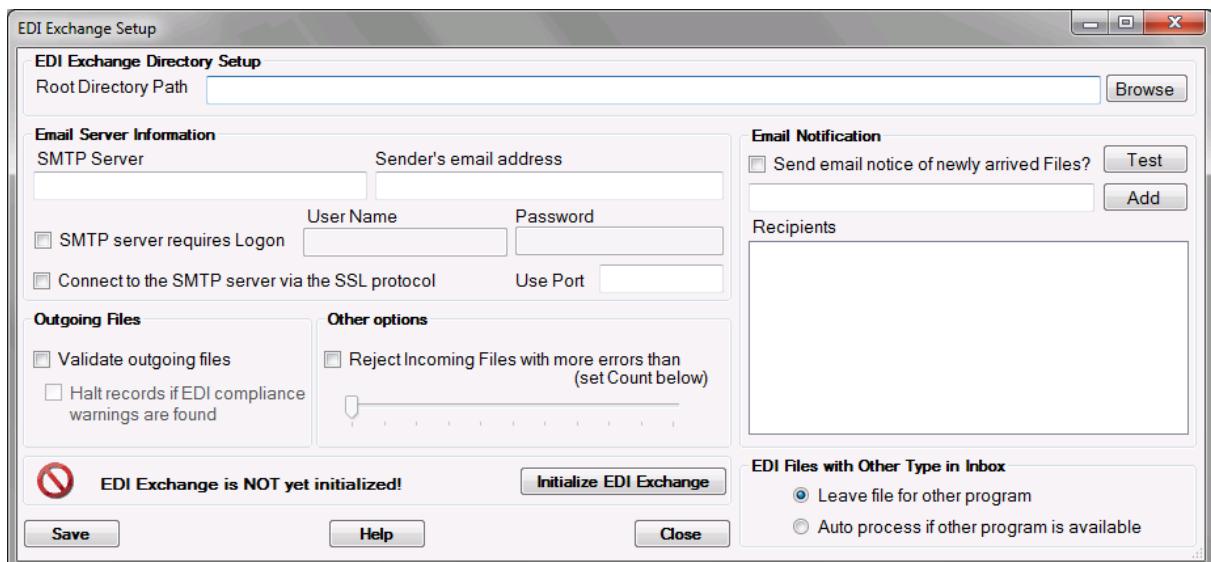
EDI Exchange can send emails to operators and trading partners to notify them about files and processing results. This functionality of EDI Exchange lies beyond the most basic setup that the initialization checks for. For this feature to work properly, you need to set up an email server which EDI Exchange communicates with. You can do this in the "Email Server Information" frame of the setup screen. Follow the instructions below.

1. Select "EDI Exchange Setup" under the "EDI Exchange" menu item.



The "EDI Exchange Setup" menu item

2. The following window will appear.

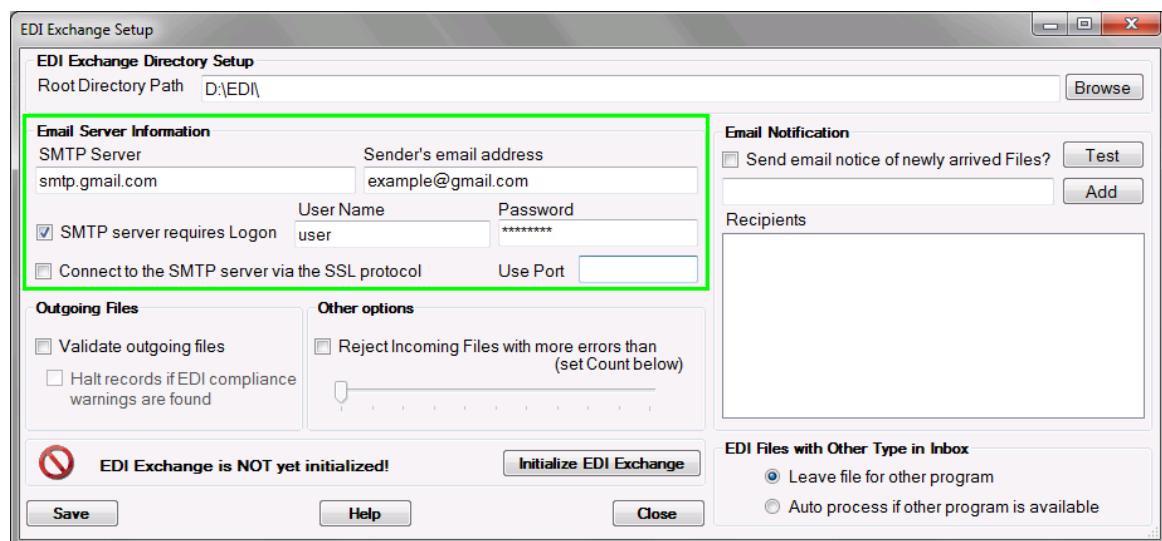


The "EDI Exchange Setup" window

3. Specify the following email options:

Email Server Information

- SMTP server
- Sender's email address
- SMTP server requires logon
- Username
- Password
- Connect to the SMTP server via the SSL protocol
- Use port



Setting up the email server

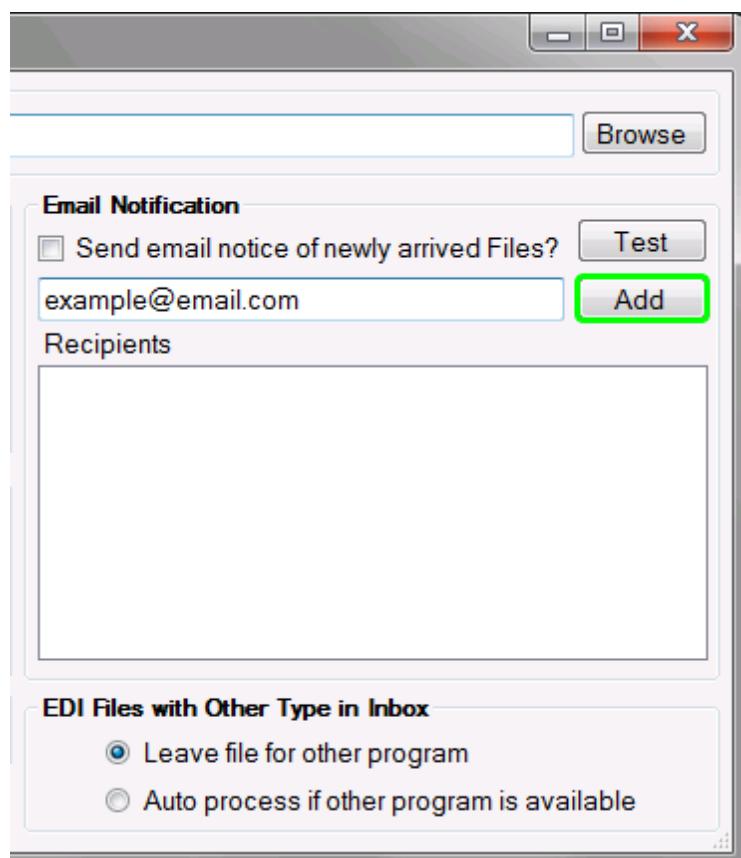
Note: If you do not have this information, please ask your administrator to set this portion up for you.

4. To configure email notifications, specify the following options:

Email Notification

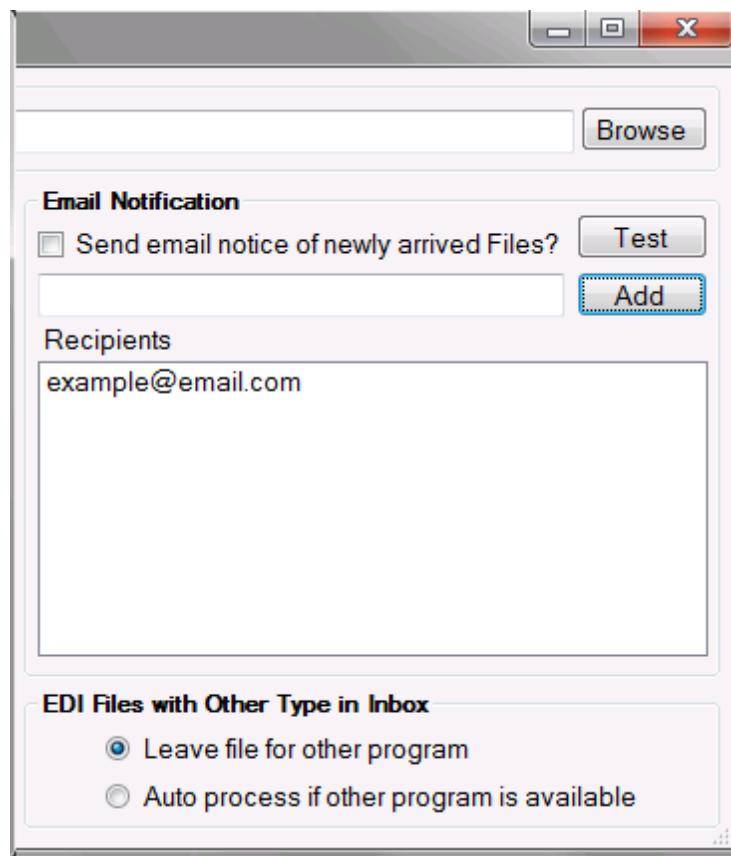
- **Send email notice of newly arrived files?** — Use this checkbox to define if you want to send email notice once new files have arrived.
- **Recipients** — You can add your staff's email(s) and the processing messages will be sent to these emails.

Enter an email address and click "Add."



Setting up the email recipients

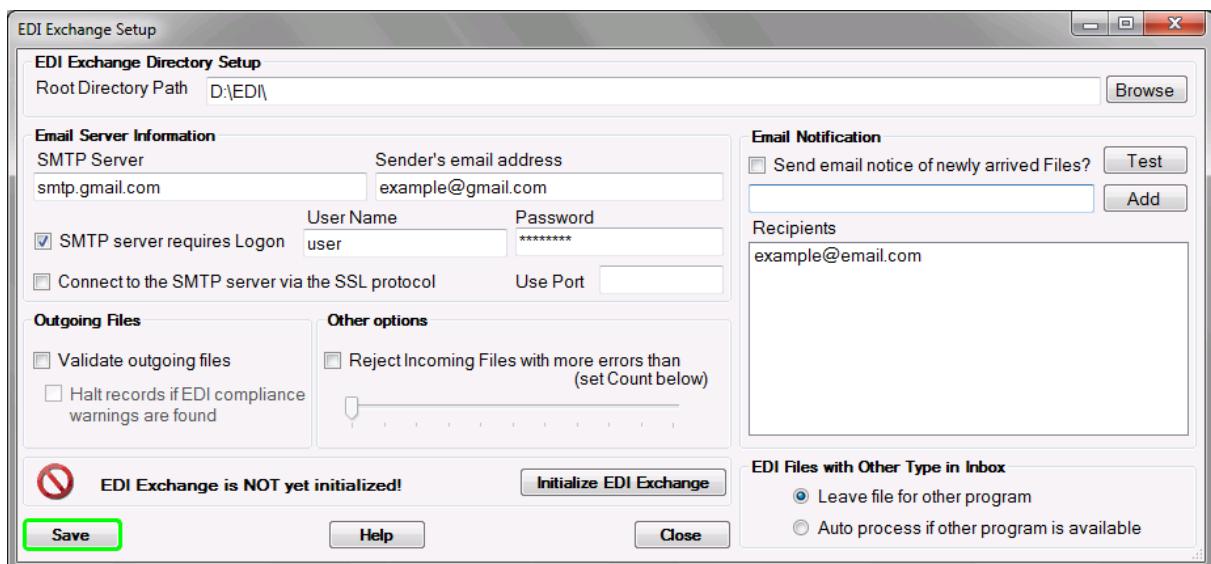
The email address will appear in the list.



Added email recipient

5. Click on the "Test" button to verify your settings.

6. Click on the "Save" button.



The "Save" button

Troubleshooting Email Settings

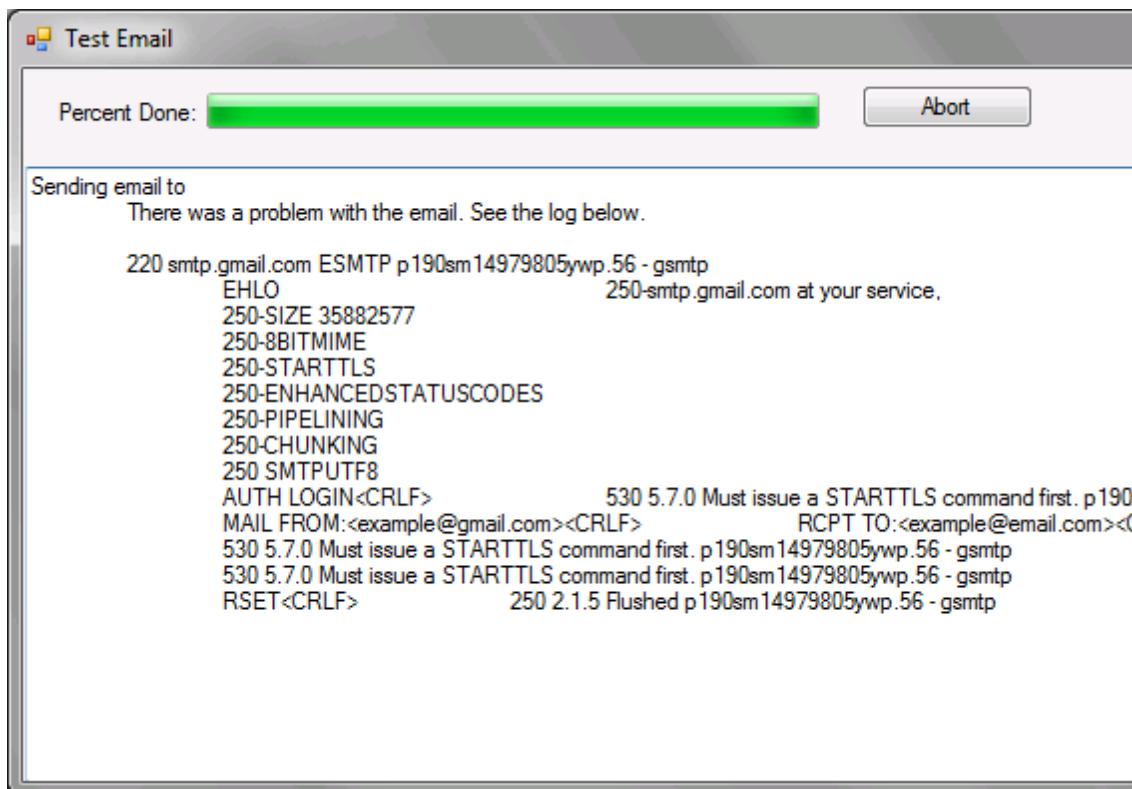
If you have problems with setting up the email server, please contact your administrator. He/She should know values to specify and how to test the settings.

Below is an example of what happens when the email server does not respond.



After a time out, you get a failure notice

After acknowledging the failure, you get a more detailed error message in the process result screen.



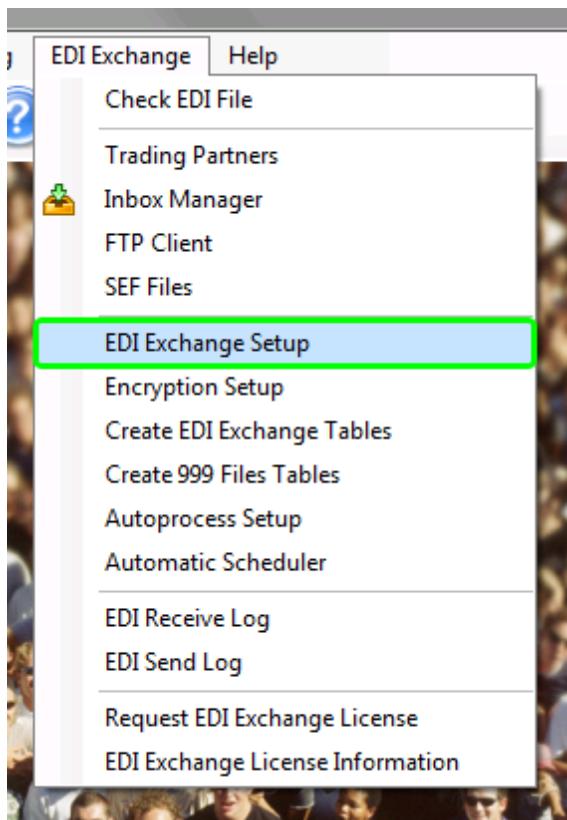
The process result screen with a detailed error message

10.3.2 Setting up Incoming and Outgoing Files Options

To check if your files are HIPAA-compliant, EDI Exchange can run a compliance check on outgoing EDI files. For incoming files, you can specify an acceptable error level. These settings are especially important with new trading partner relationships or with new processes since it always takes a while until an EDI process runs without issues and problems.

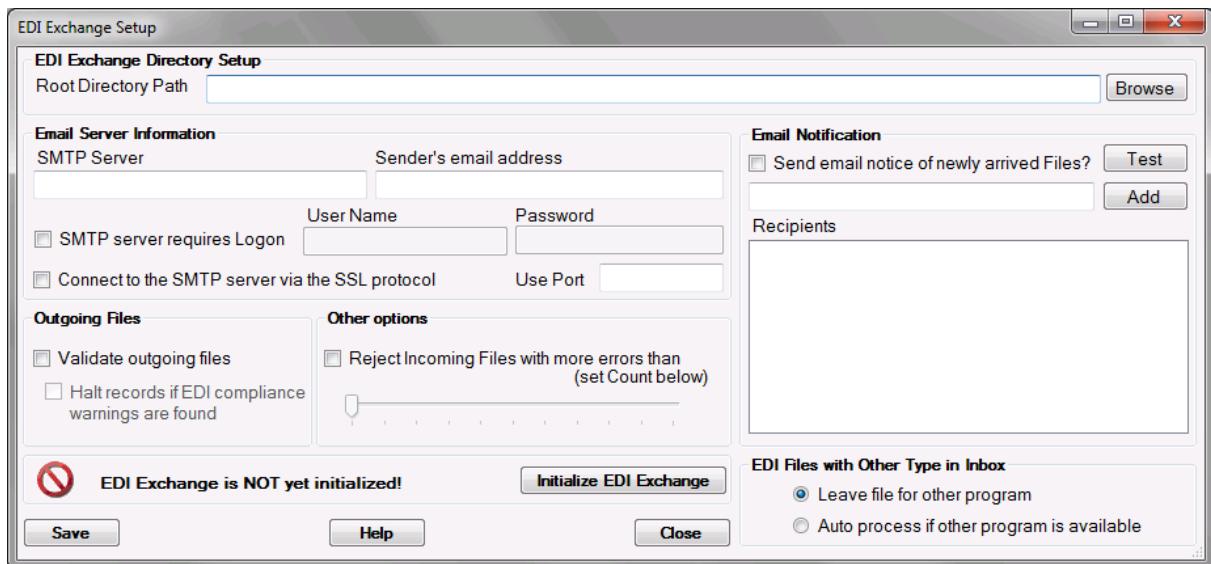
Follow the instructions below.

1. Select "EDI Exchange Setup" under the "EDI Exchange" menu item.



The "EDI Exchange Setup" menu item

2. The following window will appear.

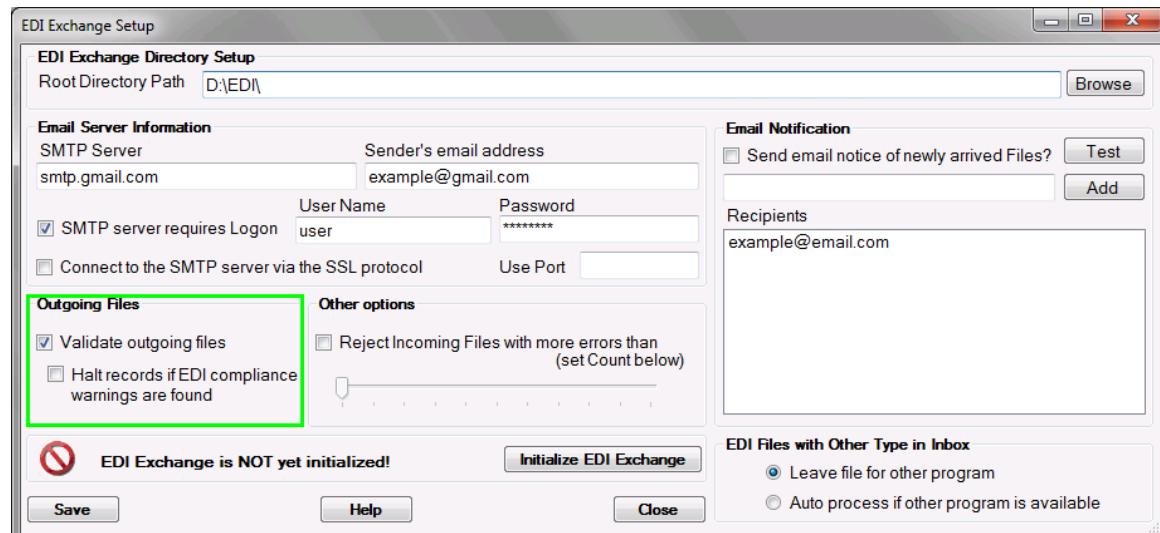


The "EDI Exchange Setup" window

3. Specify the following outgoing files options:

Outgoing Files

- **Validate outgoing files** – Select this checkbox to validate if the outgoing files are HIPAA-compliant.
- **Halt records if EDI compliance warnings are found** – Select this checkbox to suppress the sending of files with warnings or errors.

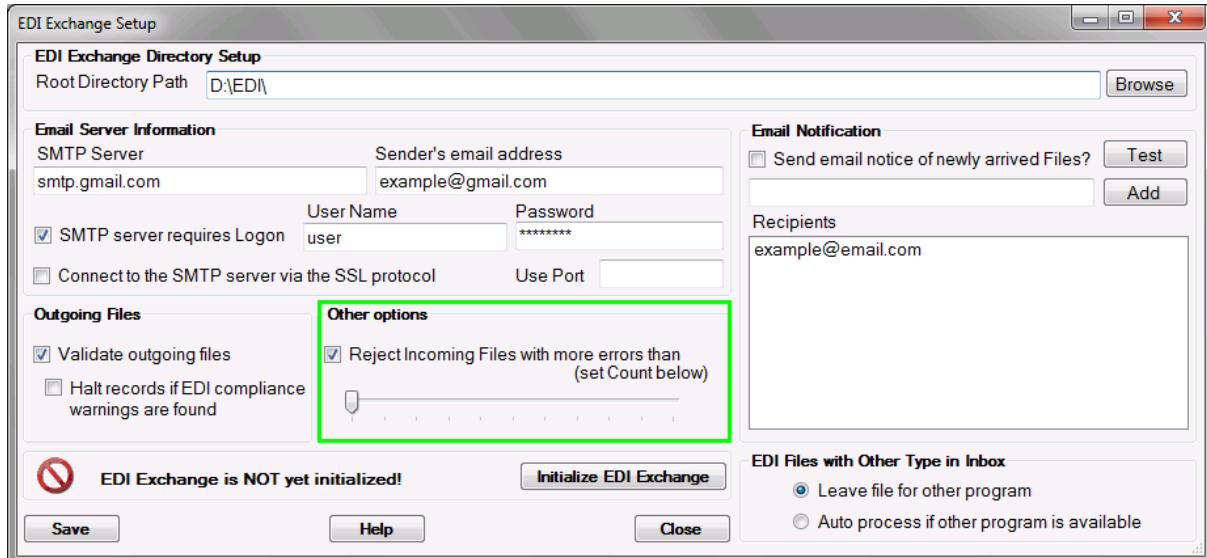


Validating outgoing files

4. Specify the following incoming files options:

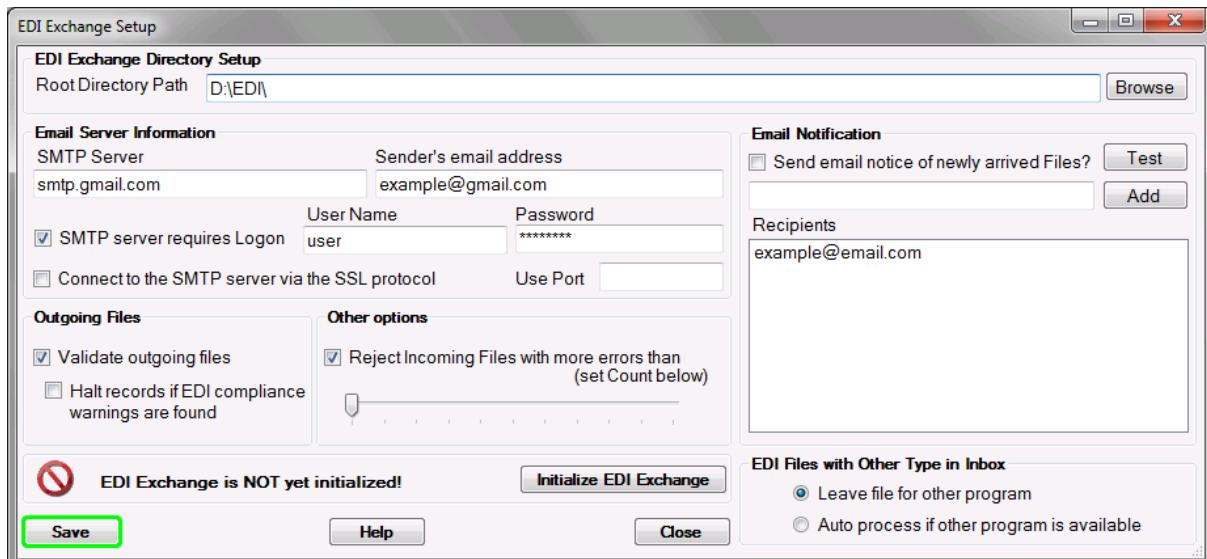
Other Options

- **Reject incoming files with more errors than (set count below)** – If checked, the incoming files with more errors than defined will not be placed into the "Inbox" folder.



The "Reject incoming files with more errors than" option

5. Click on "Save."



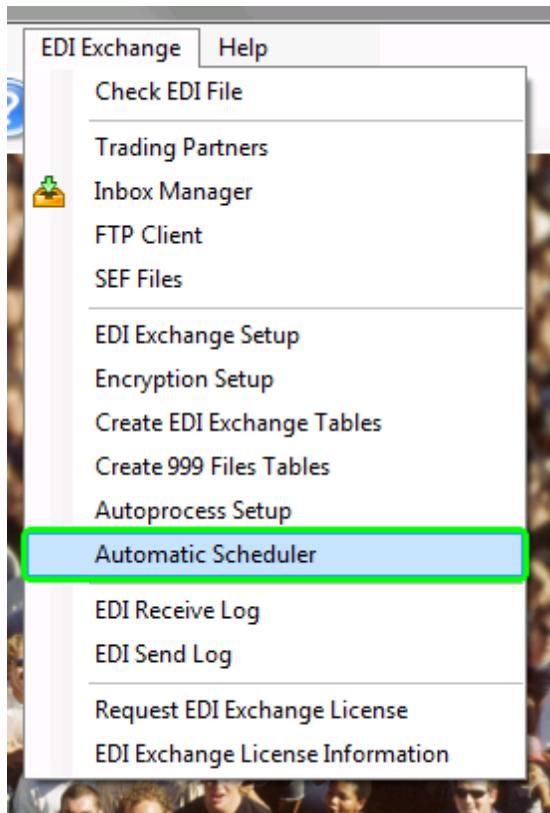
10.3.3 Running the Application via Scheduler

EDI Exchange integrates with the Windows Scheduler to allow the automation of the EDI file exchange process. You can set up EDI Exchange to go out to the trading partner's FTP server, download files, decrypt and compliance check them and further process them with the appropriate HIPAAsuite application, for example load claims into a SQL

database.

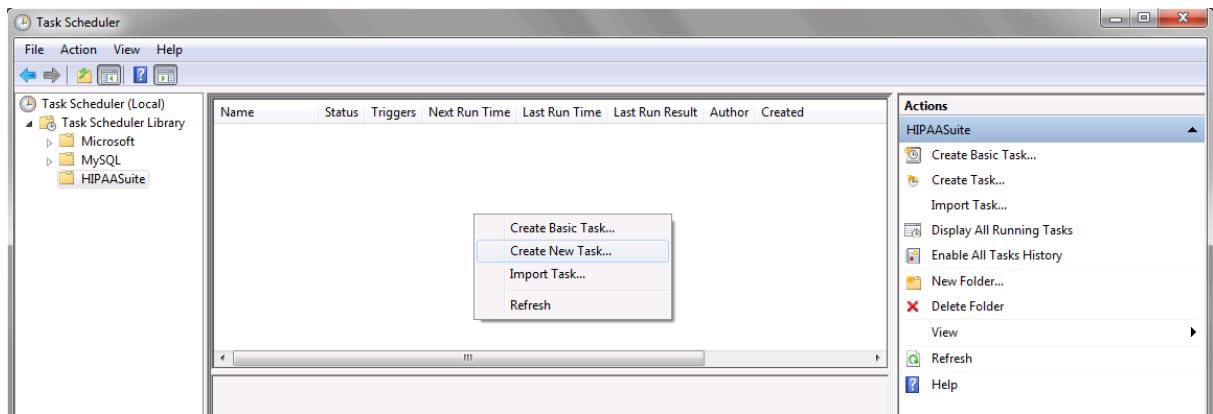
Follow the instructions below to schedule the EDI files exchange process.

1. Select "Automatic Scheduler" under the "EDI Exchange" menu.



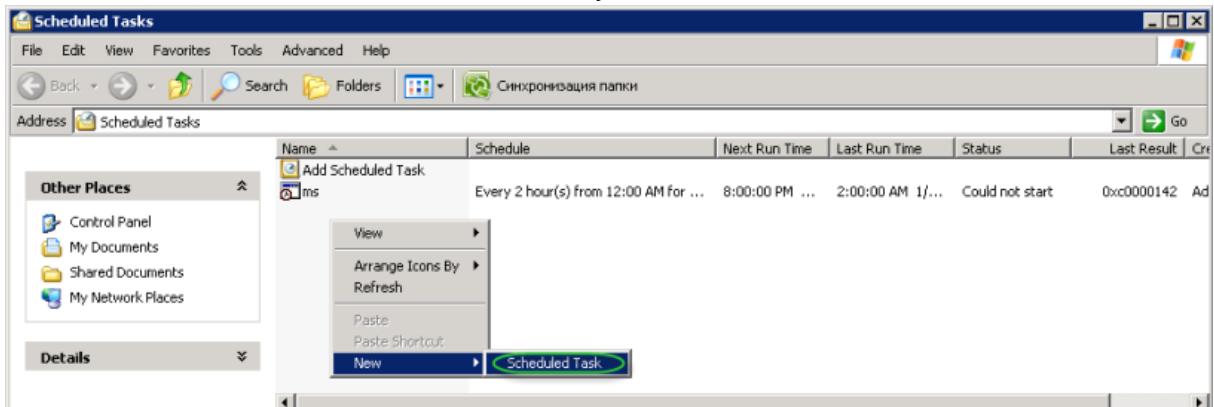
The "Automatic Scheduler" menu item

2. In the opened window, right click and choose the "Scheduled Task" menu item.



Task Scheduler in Windows Vista onwards.

In Windows XP, the Scheduled tasks directory looks like this:



The "Scheduled Task" menu item in Windows XP.

See "Running the Application via Scheduler" in the help of the host HIPAA application for detailed instructions on how to schedule a task.

10.3.4 Using the Command Line Arguments (CLI)

The only EDI Exchange specific command line argument is "Auto"

The Auto processing options are defined in another [screen](#) and, with the command line argument "Auto," they will be exercised. Make sure that you have configured them according to your needs.

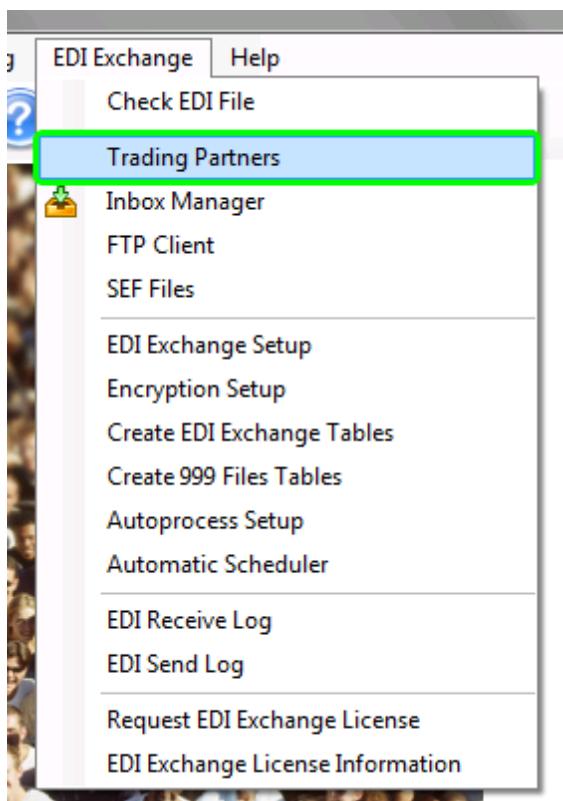
10.4 Working with Trading Partners

10.4.1 Setting up Trading Partners

With EDI Exchange you can keep track of your trading partners. You can set up their identifiers to send them EDI files or 999 acknowledgment, send email notifications and compliance check results, encryption keys and file transport mechanisms.

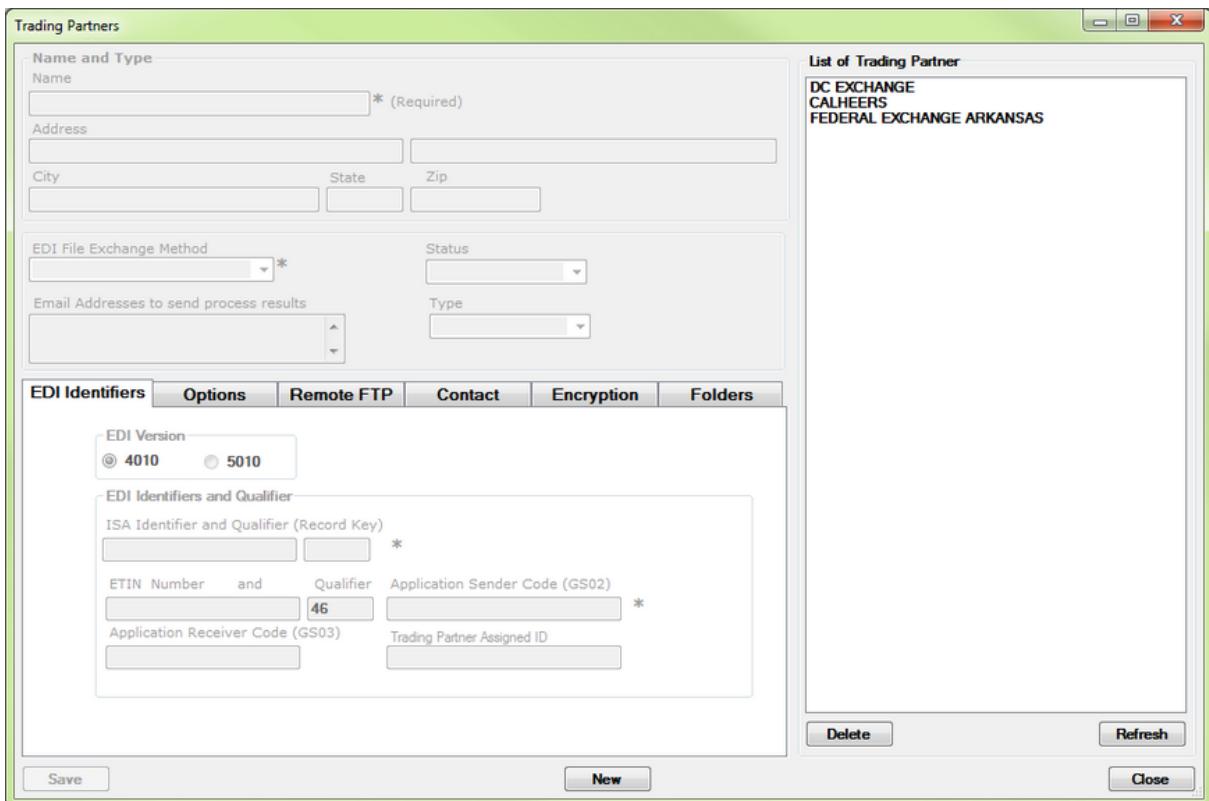
Once you have created the trading partner table (see [Creating Database Tables](#)) and initialized EDI Exchange (see [Initializing EDI Exchange](#)), you can set up the relationships with your trading partner. Follow the instructions below.

1. Select "Trading Partners" under the "EDI Exchange" menu.



The "Trading Partners" menu item

2. The following screen will appear.



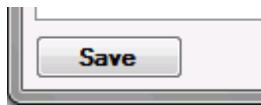
The "Trading Partners" window

3. Click the "New" button to start entering the trading partner information.

4. Define the necessary options. They are described further.

The screenshot shows a Windows application window titled "Trading Partners". On the left, there's a main panel with tabs: "EDI Identifiers" (selected), "Options", "Remote FTP", "Contact", "Encryption", and "Folders". Under "EDI Identifiers", there are sections for "EDI Version" (radio buttons for 4010 and 5010, with 4010 selected), "ISA Identifier and Qualifier (Record Key)" (two input fields with a red asterisk), "ETIN Number and Qualifier" (input fields for ETIN number and qualifier, with "46" entered), "Application Sender Code (GS02)" (input field with a red asterisk), "Application Receiver Code (GS03)" (input field), and "Trading Partner Assigned ID" (input field). On the right, a vertical pane titled "List of Trading Partner" displays three entries: "DC EXCHANGE", "CALHEERS", and "FEDERAL EXCHANGE ARKANSAS". At the bottom of the main panel are buttons for "Save", "New", "Delete", "Refresh", and "Close".

5. Click on "Save."



The "Save" button

6. The newly added Trading Partner's name will appear in the right pane.

Trading Partner Options

The company information of a trading partner can be specified on the top of the form.

The screenshot shows the 'Trading Partners' window with the title bar 'Trading Partners'. Under the 'Name and Type' section, there is a required field for 'Name' with a red asterisk. Below it are fields for 'Address', 'City', 'State', and 'Zip'. To the right, there are dropdown menus for 'EDI File Exchange Method' and 'Status', and a list box for 'Email Addresses to send process results' with a scroll bar. A dropdown menu for 'Type' is also present.

Top area of the "Trading Partners" window

Name and Type

- **Name** – Trading partner's company name. Required field.
- **Address** – Trading partner's company address.
- **City**
- **State**
- **Zip**
- **Status** – Trading partner's status. Choose one of the available options:
 - **Inactive** – No upload into a database system through ODBC will be done.
 - **Test Only** – All outgoing EDI messages will be stamped with "Test" (ISA_15). Records will only be exported to the test environment.
 - **Approved** – All outgoing EDI messages will be stamped with "Production" (ISA_15). Records will be exported to the Live system with ODBC.
- **Type** – There are five types of trading partners, select the necessary one:
 - **Providers** – Hospitals, doctors or other health care providers.
 - **VANs** – Value Added Networks like clearing houses or EDI Networks.
 - **Service bureaus** – Third party entities such as repricing organizations.
 - **Sponsors** – Entities that sponsor the benefits of subscribers such as MedicAid, government agencies or large employers.

- **Payers** – Entities that pay for health care benefits such as health insurers.

The next block on the form lists the communication methods and preferences.

- **EDI File Exchange Method** – Obligatory setting. HIPAA Suite supports three communication methods. Choose a preferred mode of sending EDI communications to the trading partner:
 - **FTP** – Allows you to transmit files actively to the Trading Partner or his Clearinghouse.
 - **Outbox** – All files for Trading Partner are stored locally. The Trading Partner is responsible for picking up files in his special directory of the local FTP or HTTP server.
 - **Email Addresses** – Enter the email address(es) into the text field.

EDI Identifiers Tab

This tab relates to the EDI identifiers and EDI Version.

EDI Identifiers	Options	Remote FTP	Contact	Encryption	Folders	CORE																		
EDI Identifiers and Qualifier <table border="1"> <tr> <td colspan="2">ISA Identifier and Qualifier (Record Key)</td> <td>ED Version</td> </tr> <tr> <td>900737353</td> <td>ZZ</td> <td><input type="radio"/> 4010 <input checked="" type="radio"/> 5010</td> </tr> <tr> <td colspan="2">ETIN Number and Qualifier</td> <td>Application Sender Code (GS02) to use</td> </tr> <tr> <td></td> <td>46</td> <td>900737353</td> </tr> <tr> <td colspan="2">Application Receiver Code (GS03) to use</td> <td>Trading Partner Assigned ID</td> </tr> <tr> <td colspan="2"></td> <td>CCHMP</td> </tr> </table>							ISA Identifier and Qualifier (Record Key)		ED Version	900737353	ZZ	<input type="radio"/> 4010 <input checked="" type="radio"/> 5010	ETIN Number and Qualifier		Application Sender Code (GS02) to use		46	900737353	Application Receiver Code (GS03) to use		Trading Partner Assigned ID			CCHMP
ISA Identifier and Qualifier (Record Key)		ED Version																						
900737353	ZZ	<input type="radio"/> 4010 <input checked="" type="radio"/> 5010																						
ETIN Number and Qualifier		Application Sender Code (GS02) to use																						
	46	900737353																						
Application Receiver Code (GS03) to use		Trading Partner Assigned ID																						
		CCHMP																						

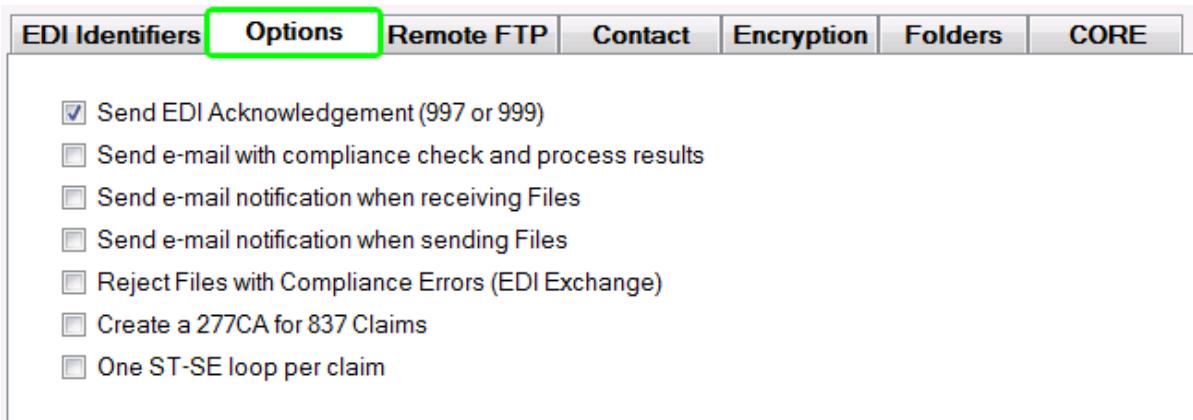
The "EDI Identifiers" tab

- **EDI Version** – There are two standards for HIPAA:
 - 4010 – This standard was introduced in the original transaction from 2003 to 2011.
 - 5010 – From 2012 on all HIPAA transactions must be conducted in the 5010 version.
- **EDI Identifiers and Qualifier**
 - **ISA Identifier and Qualifier (Record Key)** – The ISA Identifier and Qualifier are the unique key to the trading partner database file. The ISA identifier can be up

to 15 bytes long, the qualifier has to be 2 bytes. Approved qualifiers are:

- **01** – Duns (Dun and Bradstreet)
- **14** – Duns Plus Suffix
- **20** – Health Industry Number (HIN)
- **27** – Carrier Identification Number as assigned by HCFA
- **28** – Fiscal Intermediary Identification Number as assigned by HCFA
- **29** – Medicare Provider and Supplier Identification Number as assigned by HCFA
- **30** – U.S. Federal Tax Identification Number
- **33** – National Association of Insurance Commissioners Company Code (NAIC)
- **ZZ** – Mutually Defined. Many organizations use the ZZ qualifier with their name as the ID, for example ZZ and HIPAASUITE.
- **ETIN number** – The Electronic Transmitter Identification Number established by a Trading Partner Agreement. This number occurs only in the 837 transactions. Often, the ETIN is same as the ISA ID.
- **Application Receiver Code (GS_02)** – A code identifying a part that sends a transmission or the specific application within the sender's organization. Codes are agreed by Trading Partners. Again, usually this code is same as the ISA ID. This code is placed in the GS_02 element in the Functional Group Header (GS). Some Trading Partners want to send a specific code in GS_03, the application receiver code. You can enter it into the corresponding field. Most of the time it is not necessary.
- **Assigned ID** - Some trading partners, like health insurance exchanges will give a plan an ID that is different from the ISA identifier defined in the Company Setup screen of the application. Especially in the creation of filenames is this Assigned ID important.

Options Tab



The "Options" Tab

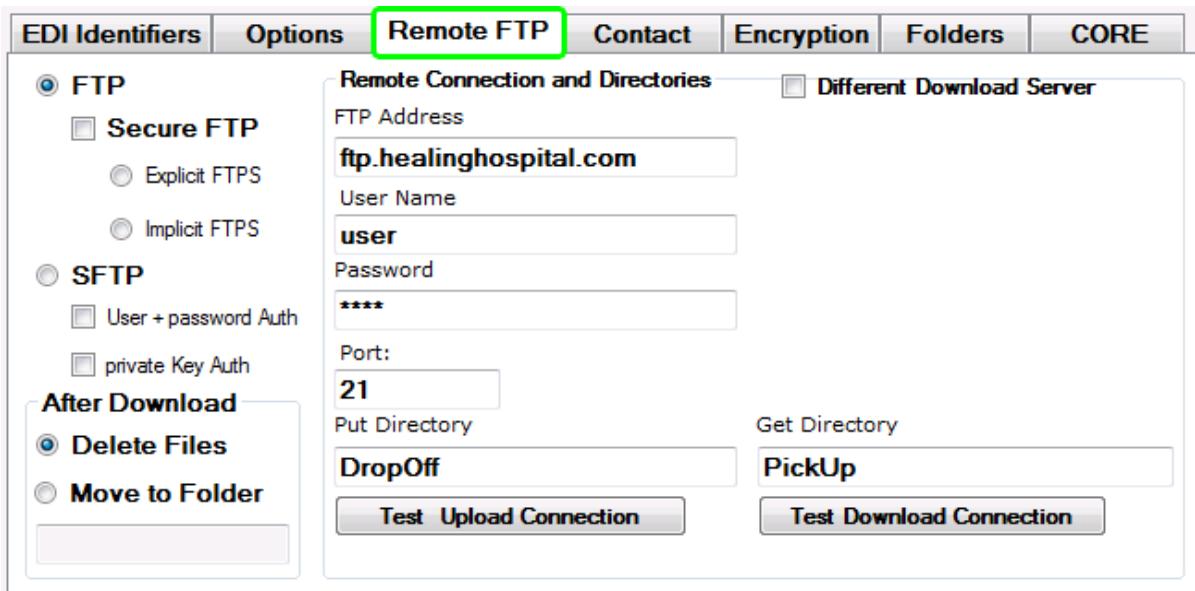
You can choose one of the following options:

- **Send EDI Acknowledgment (997 or 999)** – This check-box allows sending Functional Acknowledgment transactions to the Trading Partner.
- **Send e-mail with compliance check and process results** – This option allows sending the compliance check results back to your contact at the Trading Partner via email. No PMI will be transmitted. Adding an email address is important, even when the Communication method is not "Email."
- **Send e-mail notification when receiving files** – This option allows sending an acknowledgment email of EDI files. This option is not necessary when you choose 997 or 999 acknowledgments.
- **Send e-mail notification when sending files** – This option allows sending a file to the Trading Partner notifying them that a file has been created for them.
- **Reject Files with Compliance Errors** - This option will reject files that have compliance warnings and move them into the suspended files directory. It also determines whether the TA1 and 999 indicate acceptance or the 999 lists all the errors and warning.
- **Create a 277CA for 837 claims** – This option only applies to 837 Claims. Checking this option will produce a 277CA Claims Acknowledgment report for received 837 Claim files.
- **One ST-SE loop per claim** - This option separates all claims into individual transactions enclosed by their own ST and SE segments.

Remote FTP Tab

If your trading partner has an FTP Server, then you can set up here the connection

information. Read more in [Using Built-in FTP Client](#).



The "Remote FTP" tab

The file transfer protocol (FTP) is one of the first internet protocols and goes back to the 1960's. Transporting electronic files was one of the great achievements of the internet. During the last 50 years a lot of improvements to this protocol have been made, mainly to increase the security of the transfer.

- **FTP** – For security reasons, EDI Exchange supports secure FTP or FTPs.
 - **Explicit FTPS Connection** – The explicit method is a legacy compatible implementation where FTPS aware clients can invoke security with an FTPS aware server without breaking overall FTP functionality with non-FTPS aware clients. In explicit mode (also known as FTPS), an FTPS client must "explicitly request" security from an FTPS server and then step-up to a mutually agreed encryption method. If a client does not request security, the FTPS server can either allow the client to continue insecure or refuse/limit the connection.
 - **Implicit FTPS Connection** – The implicit method requires that all clients of the FTPS server be aware that SSL is to be used on the session, and thus is incompatible with non-FTPS-aware clients. Negotiation is not allowed with implicit FTPS configurations. A client is immediately expected to challenge the FTPS server with a TLS/SSL ClientHello message. If such a message is not received by the FTPS server, the server should drop the connection. In order to maintain compatibility with existing non-TLS/SSL aware FTP clients, implicit FTPS was expected to listen on the IANA Well Known Port 990/TCP for the FTPS control channel and 989/TCP for the FTPS data channel. This allowed administrators to retain legacy compatible services on the original 21/TCP FTP

control channel.

- **SFTP** – also known as FTP over SSH is deemed the most secure form of FTP and uses encryption certificates. There are 3 different ways to authenticate a SFTP connection,
 - With user name and password, just like a regular FTP connection,
 - User name and a certificate
 - User name, certificate and password

Remote Connection and Directories

You need the FTP address, the user name and password to establish the connection and the directory information where files are picked up and where dropped off. Fill in the following fields:

- **FTP Address** - This is usually the IP address of the server
- **User Name**
- **Password**
- **Put Directory** - This is the directory where you drop off files
- **Get Directory** - This is the directory where you download files from

It is possible that a trading partner has two FTP servers, one for 'put' and another one for 'get'. If so, check "Different Download Server" and additional fields will become visible so you can specify the those connection parameters.

After Download: You have two choices. Files on the server will be either deleted or moved to another folder of your choice .

Contact Tab

The Contact Tab stores contact information for your selected Trading Partner.

The screenshot shows the 'Contact' tab selected in the top navigation bar. The 'Contact Information' section contains a 'Contact Name' field and a table for 'Communication Numbers'. The table has columns for 'Type' and 'Number', with rows for TE - Phone (1234567), EX - Extension (1111111), and FX - Fax (9876543). Below this is a section for 'Local Access for FTP and HIPAA Suite Web' with fields for 'User Name' and 'Password', and a table for 'Registered Users'.

The "Contact" tab

Contact Information

Enter the name and the number into the corresponding fields and select the communication type from the drop-down list.

- **Contact Name**
- **Communication Numbers** – Valid Communication number qualifiers are:
 - TE – Stands for Telephone.
 - FX – Stands for Fax.
 - EX – Stands for Extension.
 - EM – Stands for email.

Click the "Add" button and the contact will appear in the "Communication Numbers" table.

Note: The information that you fill in goes also into EDI files in the "PER" segment.

Local Access for FTP and HIPAA Suite Web

To register a user, enter the user name and the password into the corresponding fields and click the "Add" button. The user will appear in the "Registered Users" table.

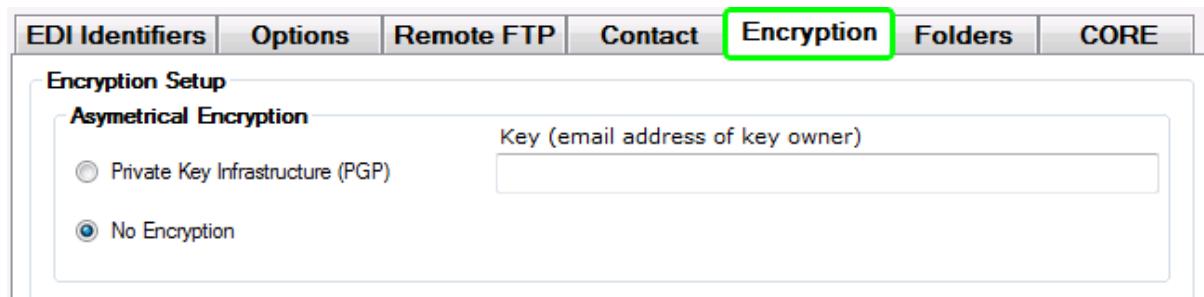
- **User Name**
- **Password**

- Registered Users

Encryption Tab

EDI Exchange supports PKI encryption. Encryption keys are defined by the email address of the owner. Both supported products, PGP and GnuGP use this logic. Read more in [Using Encryption](#).

You can set up the encryption parameters for a Trading Partner on the "Encryption" tab.



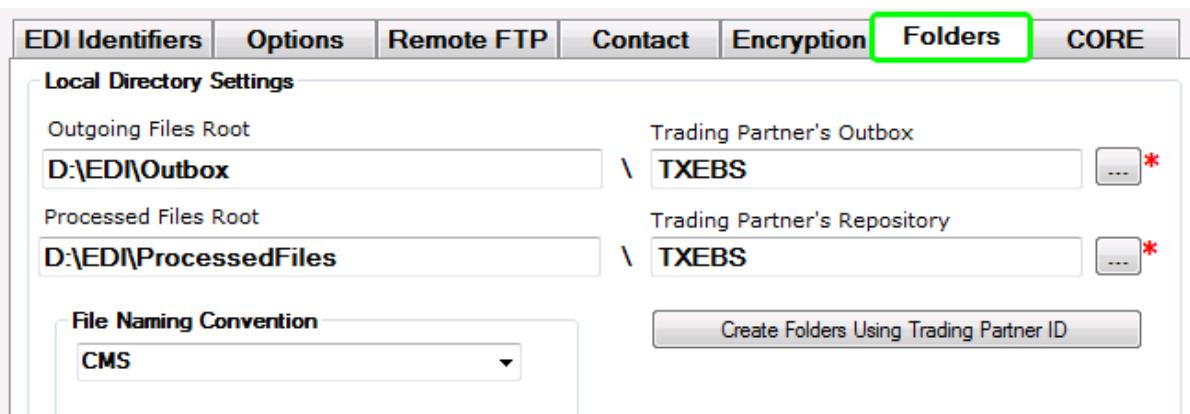
The "Encryption" tab

Encryption Setup

- Asymmetrical Encryption
 - Private Key Infrastructure (PGP)
Key (email address of key owner)
 - No Encryption

Folders Tab

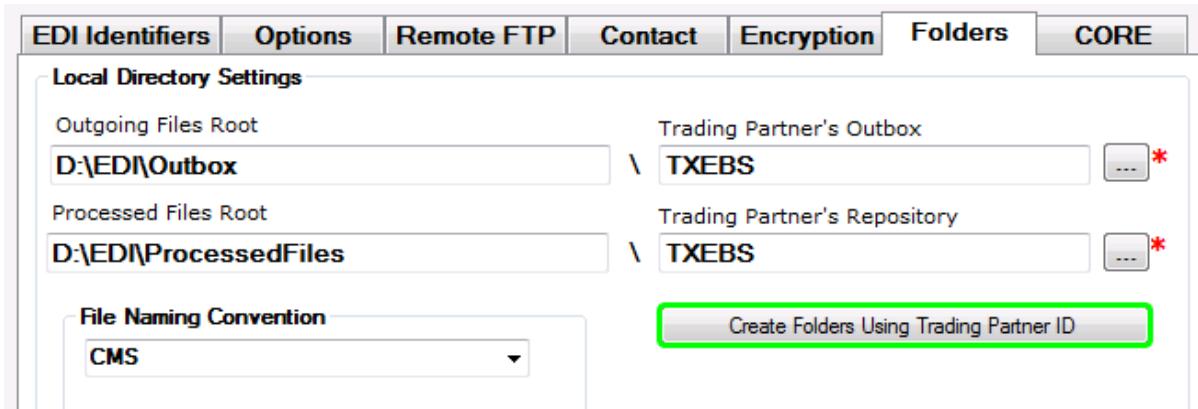
Within the HIPAA Suite Communications Directory, each Trading Partner has his own folder. This keeps files finely separated and in order. Here is where you can set this up. Read more in [Defining Communications Directory](#).



The "Folders" tab

- **Outgoing Files Root** – This field has a pre-generated path. You can change this path by changing the EDI Root Directory.
- **Trading Partner's Outbox** – Mandatory setting. Click on the three-dots button to access the "Select Folder" window. There you choose an existing folder or create a new one.
- **Processed Files Root** – This field has a pre-generated path. You can change this path by changing the EDI Root Directory.
- **Trading Partner's Repository** – Mandatory setting. Click on the three-dots button to access the "Select Folder" window. There you choose an existing folder or create a new one.

Once you have specified the directory settings, click on the "Create Folders Using Trading Partner ID."



The "Create Folders Using Trading Partner ID" button

- **File Naming Convention** - Health Insurance Exchanges (HIX) demand that a carrier adheres to more or less complex File naming conventions. Since these conventions are often really complicated we decided to hard code several schemes. California,

Maryland, DC and the CMS scheme are currently configured and we will add other schemes if needed.

CORE Tab

This tab stores settings for the use of CORE-Compliant SOAP- and MIME-enveloped transactions. When using a Requester or similar application, these settings apply to the information source. When using a Responder or similar application, these settings apply to the information requester/receiver.

The screenshot shows the 'CORE' tab selected in a software interface. The 'CORE' tab is highlighted with a green border. The interface is divided into several sections:

- CORE Settings:** Contains fields for 'UserName' (with a 'Test' button), 'Password', and 'SSL Certificate'.
- RealTime:** Contains fields for 'MIME Address' (with a 'Test' button) and 'SOAP Address'.
- Batch:** Contains fields for 'MIME Submission Address' (with a 'Test' button), 'MIME Retrieval Address', 'SOAP Submission Address', and 'SOAP Retrieval Address'.

CORE settings tab

- **UserName** - UserName portion of the username authentication token. Used to verify a Trading Partner's Username token's Username or in your own Username token authenticate yourself to a Trading Partner's CORE-compliant service.
- **Password** - Password portion of the username authentication token. Used to verify a Trading Partner's Username token's Password or in your own Username token to authenticate yourself to a Trading Partner's CORE-compliant service.
- **SSL Certificate** - Instead of Username tokens, use an SSL certificate to verify a Trading Partner's identity or access a Trading Partner's CORE-compliant service. Not currently implemented.
- **RealTime**

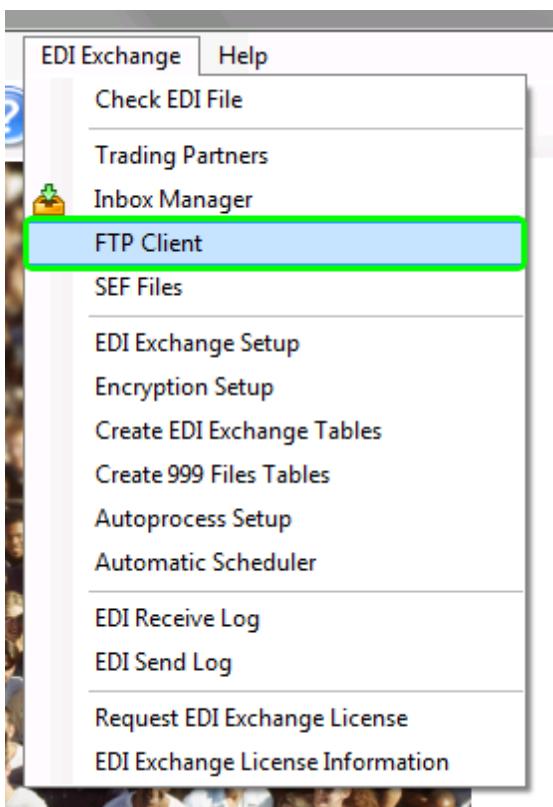
- **MIME Address** - Trading Partner's web address for MIME Real-Time transactions.
- **SOAP Address** - Trading Partner's web address for SOAP Real-Time transactions.
- **Batch**
 - **MIME Submission Address** - Trading Partner's web address for MIME Batch transactions.
 - **MIME Retrieval Address** - Some Trading Partners may use a different address to submit or retrieve batch transactions. Use this field for a retrieval-specific address.
 - **SOAP Submission Address** - Trading Partner's web address for SOAP Batch transactions.
 - **SOAP Retrieval Address** - Some Trading Partners may use a different address to submit or retrieve batch transactions. Use this field for a retrieval-specific address.

10.4.2 Using Built-in FTP Client

EDI Exchange has a built-in FTP client. This utility allows you to drop-off and pick-up files from a trading partner that you have defined in the "Trading Partners" menu (see [Setting up Trading Partners](#).)

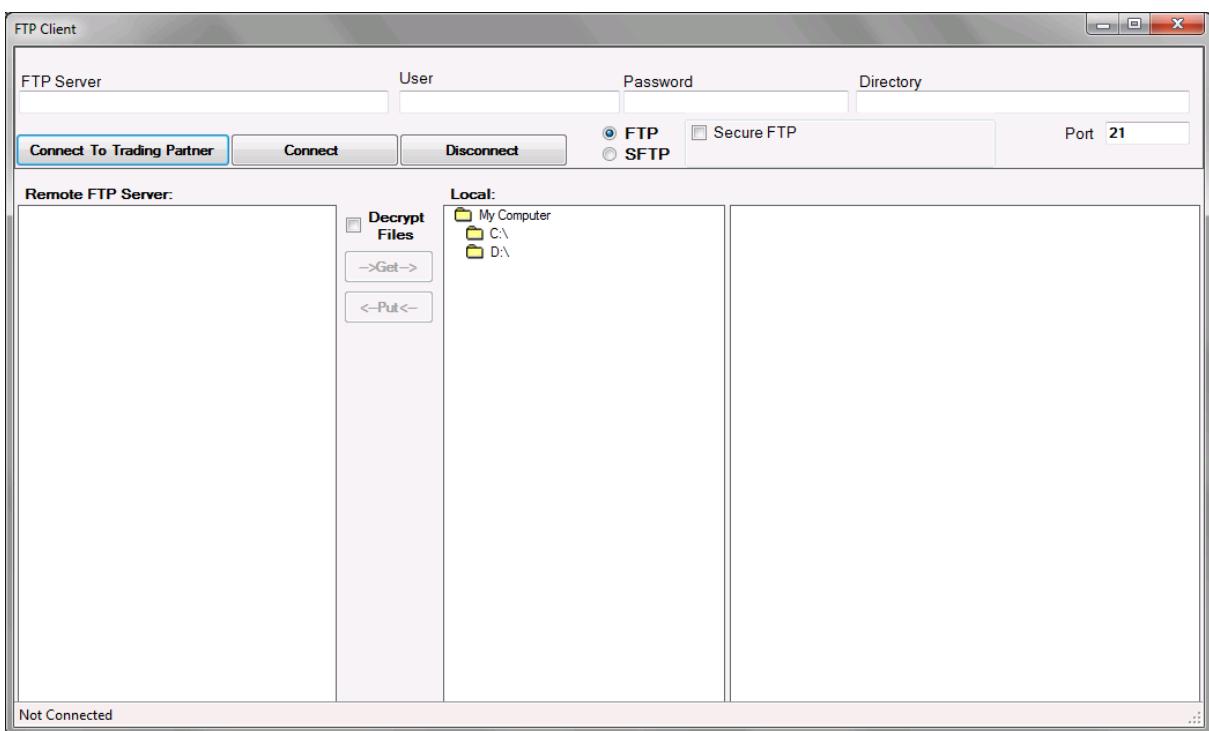
Follow the instructions below to exchange EDI files with your Trading Partner.

1. To access the FTP client, select "FTP Client" under the "EDI Exchange" menu item.



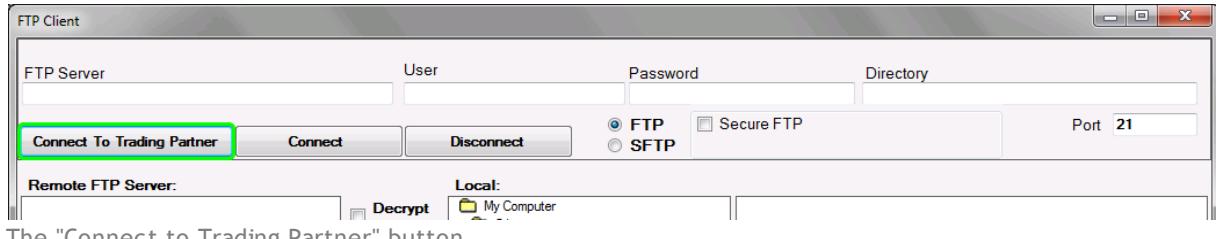
The "FTP Client" menu item

2. The following window will appear.



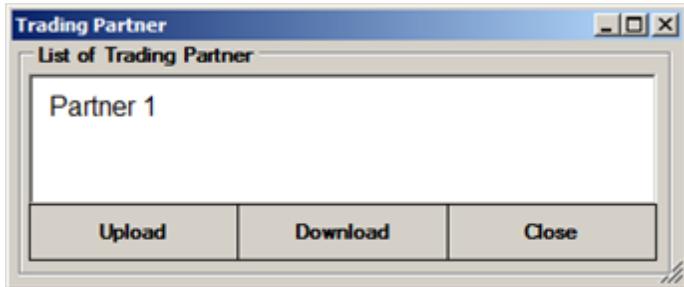
The built-in FTP client

3. Click the "Connect to Trading Partner" button on the FTP client window.



The "Connect to Trading Partner" button

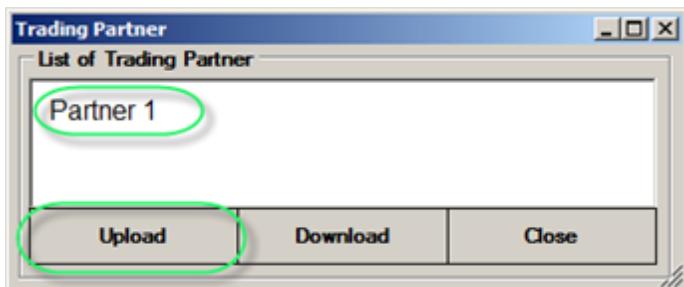
4. The following screen opens.



Selecting a Trading Partner for FTP transfer

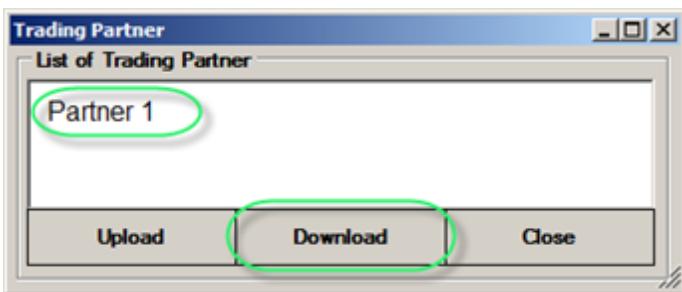
5. Highlight the trading partner that you want to connect to.

6. Click on the "Upload" button to connect to the "Put" directory that you set up in the trading partner screen.



The "Upload" button

Or click on the "Download" button to connect to the "Get" directory that you set up in the trading partner screen.

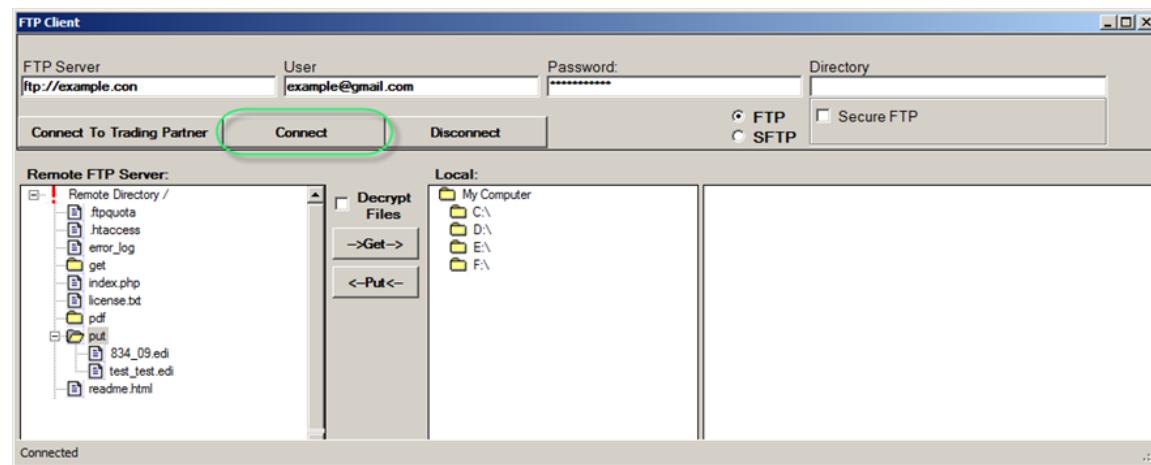


The "Download" button

5. Once you have chosen a trading partner, the following fields will contain values derived from the trading partner's properties. You can change them manually if you need.

- **FTP server** – IP Address or URL of the FTP server.
- **Username**
- **Password**
- **Directory** – If you leave this value blank, the FTP root directory will be opened.
- **Secure FTP** – If you enable this option, then you can select between implicit and explicit FTPs. See [Setting up Trading Partners](#) for an explanation of the two secure methods:
 - **Explicit FTPS Connection**
 - **Implicit FTPS Connection**

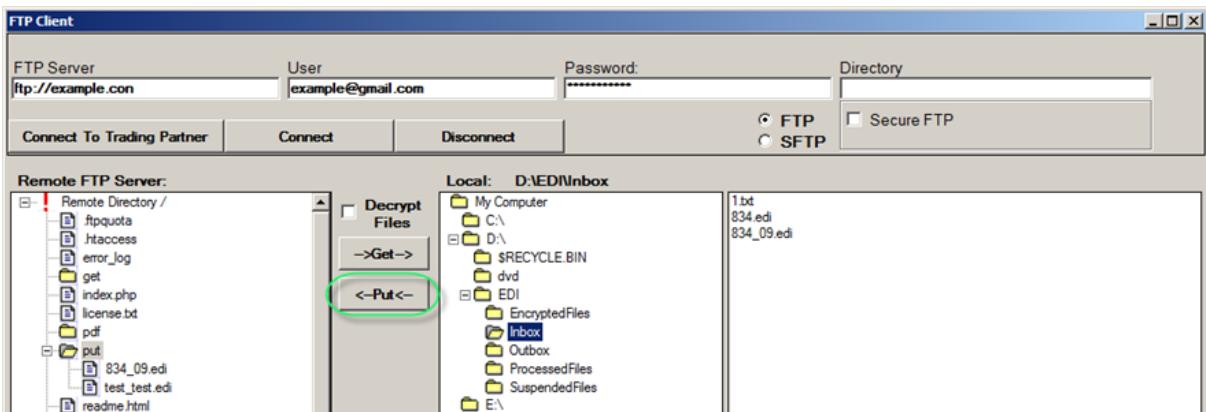
Note: You can also fill in the connection information manually. In this case, the entered credentials will not be saved once you close the FTP client window. Click on the "Connect" button to establish connection to the FTP server.



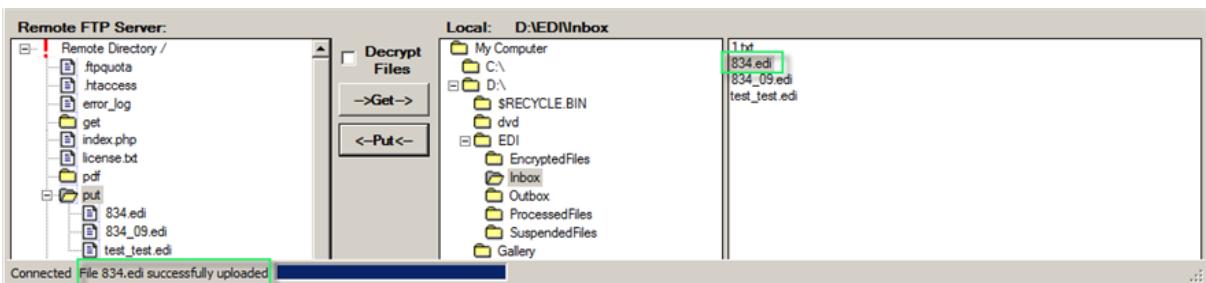
4. Once connected, the content of the folder on the server is displayed. On the right

side, you can browse your local PC.

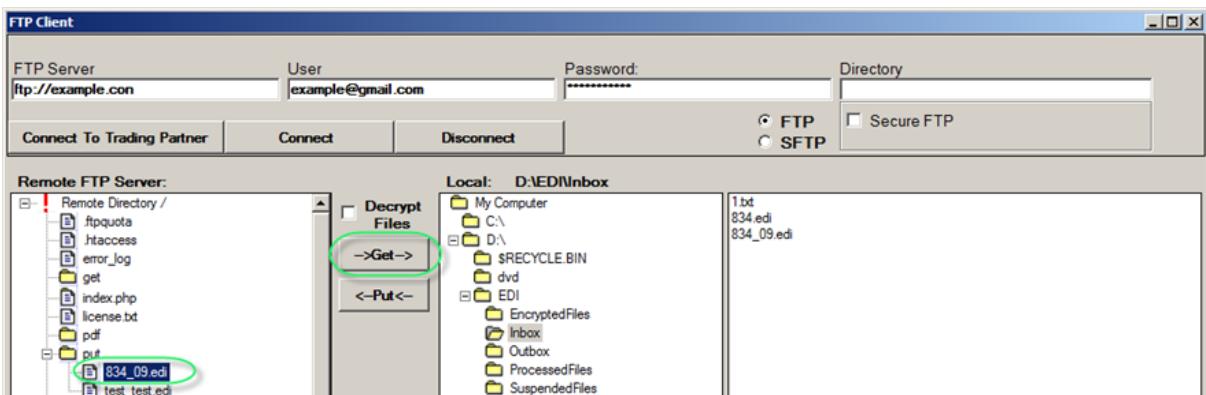
- To upload a file to the server, select the file on your local PC and click on the "Put" button.



The file will appear in the remote folder. You will receive the "File <filename> successfully uploaded" message on the bottom status bar of the FTP client.

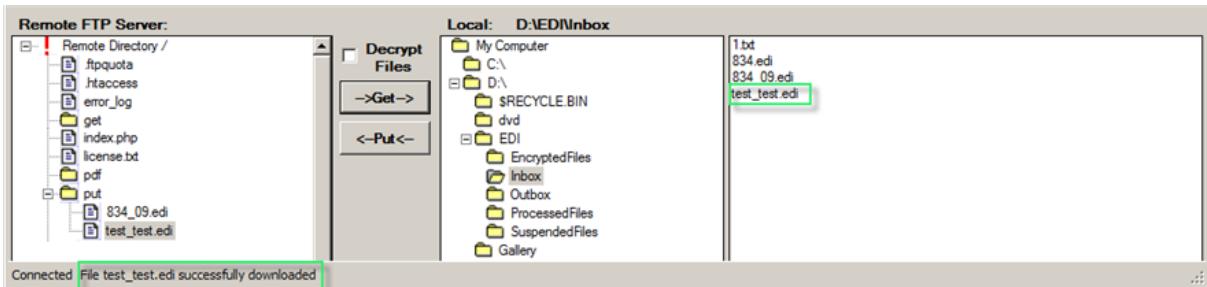


- To download a file from the server, select a file in the left side, and then click on the "Get" button.



The file will appear in the local folder. You will receive the "File <filename> successfully

"downloaded" message on the bottom status bar of the FTP client.



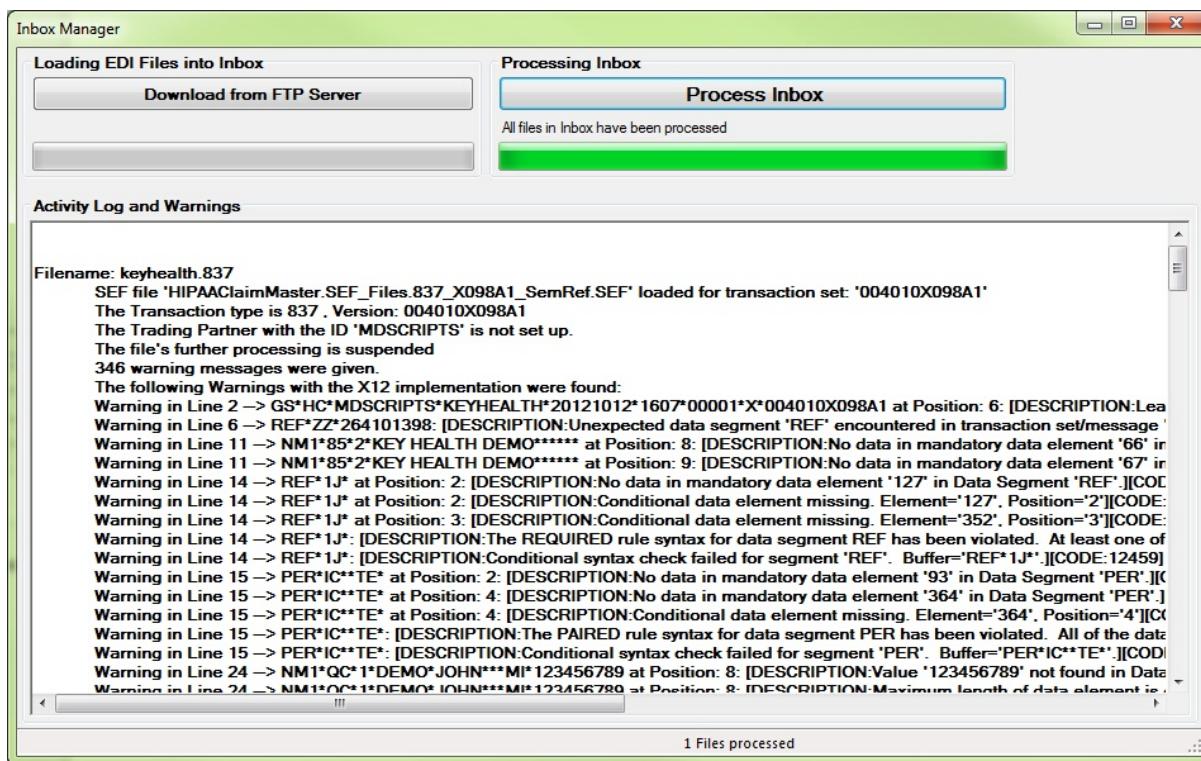
10.4.3 Creating a Trading Partner Automatically

When you process a file with EDI Exchange the sender's ID is compared to the trading partners on file. If the trading partner does not exist you have the opportunity to create a rudimentary new trading partner record. Now you have the choice to either create this new record, process the file without the trading partner record or to abort the operation.



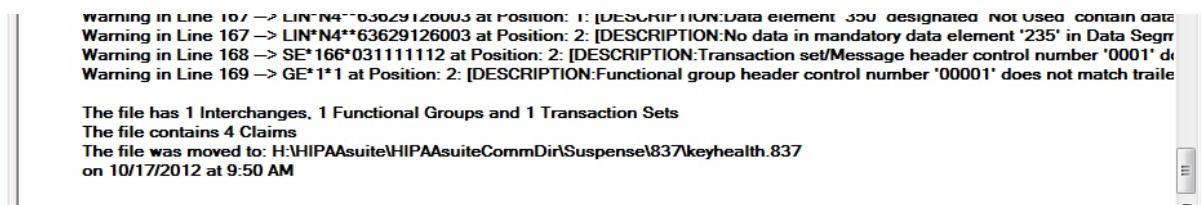
The "New Trading Partner" dialog box

If you abort the process, you still will get the EDI file analysis.



EDI compliance check results after further processing was aborted.

Files without a valid trading partner will be placed into the "suspended files" directory.
The final action taken after the analysis is recorded at the end of the results.



This file's processing was aborted. The file was moved to the suspended files folder

10.4.4 Certificate based authentication in SFTP

SFTP or FTP over secure shell as it is also known is deemed to be the most secure method of file transport. There are 3 methods of authentication in Sftp.

1. with a user name and password
2. with a user name and a private key cryptographic certificate and
3. with a user name, a certificate and a password

When you select SFTP as the FTP protocol, you will see two check boxes appear.



The sub choices when you select SFTP

Leaving both check boxes unchecked will result in the first option: Authentication with user name and password. You can also check just the user name and password with the same result.

In order to use the certificate based authentication you need to create and link to your own certificate. The certification module that HIPAAsuite employs uses a so called private key SSH2 certificate in pem format.

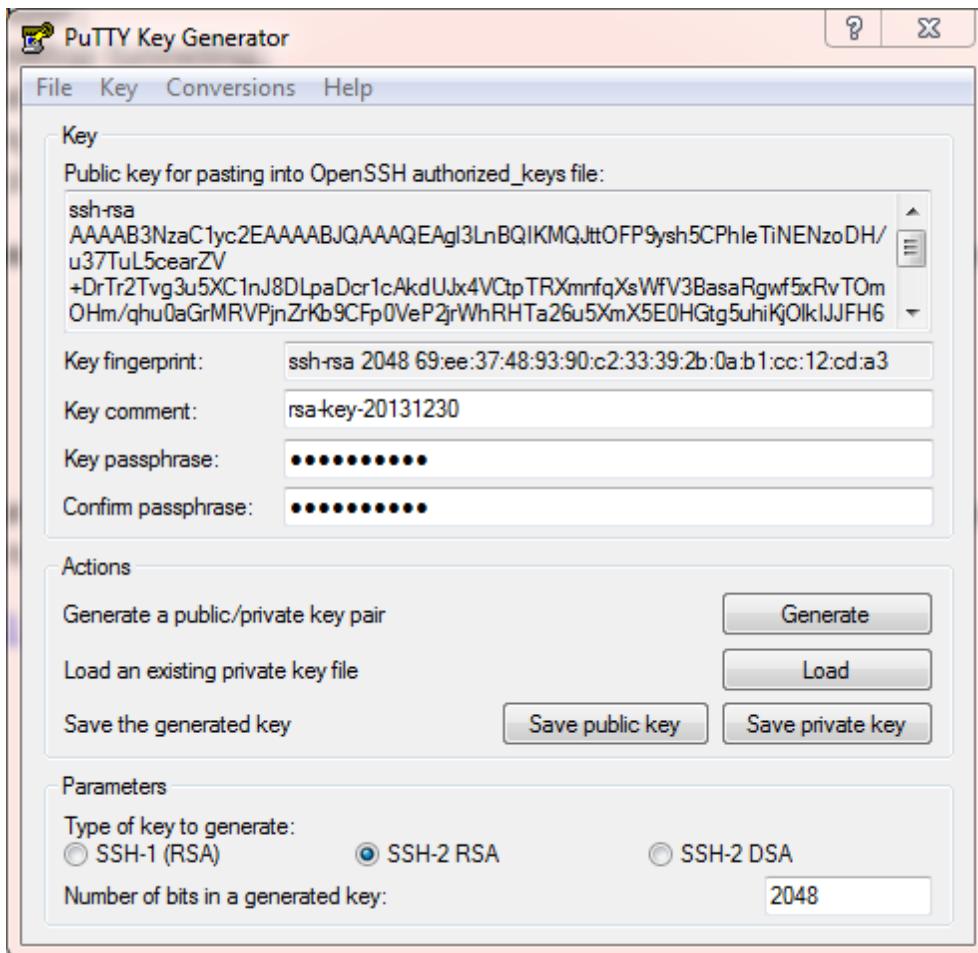
How do you create such a certificate? Here is one way:

The free secure shell program putty has the necessary tools. Download putty from www.putty.org When you install the program you will see several program installed on your computer.

	Name	Date modified	Type	Size
Mozilla Maintenance Service	LICENCE	8/6/2013 6:12 PM	File	2 KB
MSBuild	pageant.exe	8/6/2013 6:12 PM	Application	144 KB
MSXML 4.0	plink.exe	8/6/2013 6:12 PM	Application	304 KB
MyFree Codec	pscp.exe	8/6/2013 6:12 PM	Application	316 KB
MySQL	psftp.exe	8/6/2013 6:12 PM	Application	328 KB
Nitro	putty.chm	8/6/2013 6:12 PM	Compiled HTML ...	438 KB
Nitro PDF	putty.cnt	8/6/2013 6:12 PM	CNT File	32 KB
Notepad++	putty.exe	8/6/2013 6:12 PM	Application	484 KB
Orca	putty.hlp	8/6/2013 6:12 PM	Help file	644 KB
PGP	puttygen.exe	8/6/2013 6:12 PM	Application	180 KB
PuTTY	README.txt	1/23/2007 12:38 PM	Text Document	2 KB
Qualcomm Atheros	unins000.dat	12/30/2013 12:30 ...	GOM Media file(d...)	4 KB
QuickTime	unins000.exe	12/30/2013 12:30 ...	Application	705 KB
Realtek	website	11/16/2004 11:14 ...	Internet Shortcut	1 KB
Reference Assemblies				
Samsung				

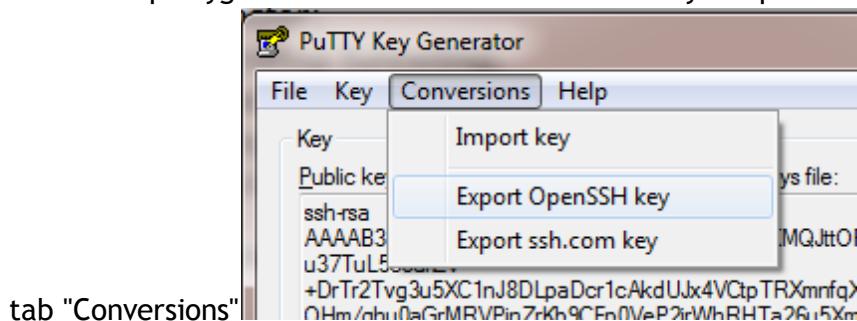
The programs and files that come with putty

One of the programs is puttygen.exe. This program creates the necessary keys. When you start it up, you can generate a key pair.



Creating a public/private key pair with puttygen

You can save the public and private keys separately as .ppk files but that is not what we need. But puttygen has also tool to convert the keys to pem files. The top menu has a



tab "Conversions"

Converting the SSH key into a pem certificate

When we click on "Export OptnSSH key" we can then save the key with an .pem ending and that is it.

10.5 Using Encryption

10.5.1 About Encryption

EDI Exchange supports the **Private Key Infrastructure (PKI)** encryption method. This type of encryption is the most generally accepted method of protecting EDI Files from being pried upon by unauthorized persons. Without going further into the details of PKI, Public-key encryption is a cryptographic technique which enables users to securely communicate on an insecure public network, and reliably verify the identity of a user via digital signatures. Read more in [Private Key Infrastructure](#).

A public-key infrastructure (PKI) is a system for the creation, storage, and distribution of digital certificates which are used to verify that a particular public key belongs to a certain entity. The PKI creates digital certificates which map public keys to entities, securely stores these certificates in a central repository, and revokes them if needed.

A PKI consists of:

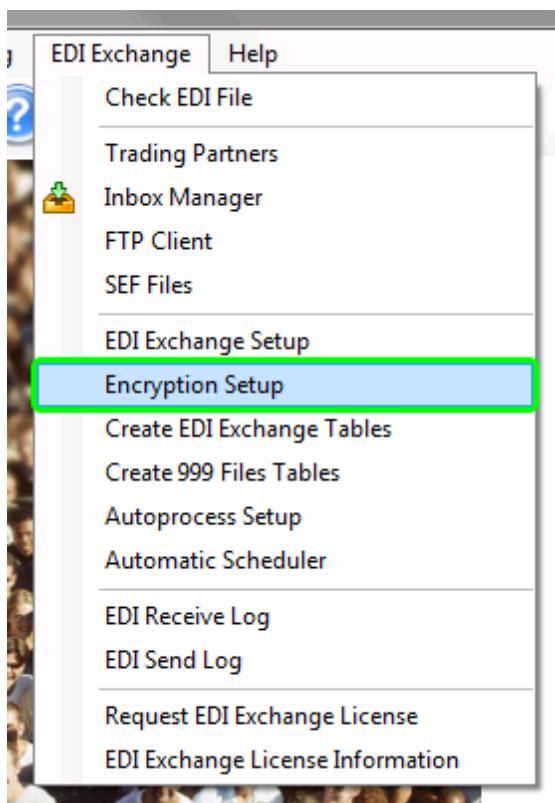
- A certificate authority (CA) that both issues and verifies the digital certificates.
- A registration authority which verifies the identity of users requesting information from the CA.
- A central directory is a secure location to store and index keys.
- A certificate management system.

EDI Exchange relies on other software to establish the PKI. It only uses the capabilities of these programs through their Application Programming Interface (API). You need to separately install either [PGP Desktop](#) or the open source GPG4Win programs and set them up with the public keys of your trading partners and your own private key.

10.5.2 Setting up Encryption

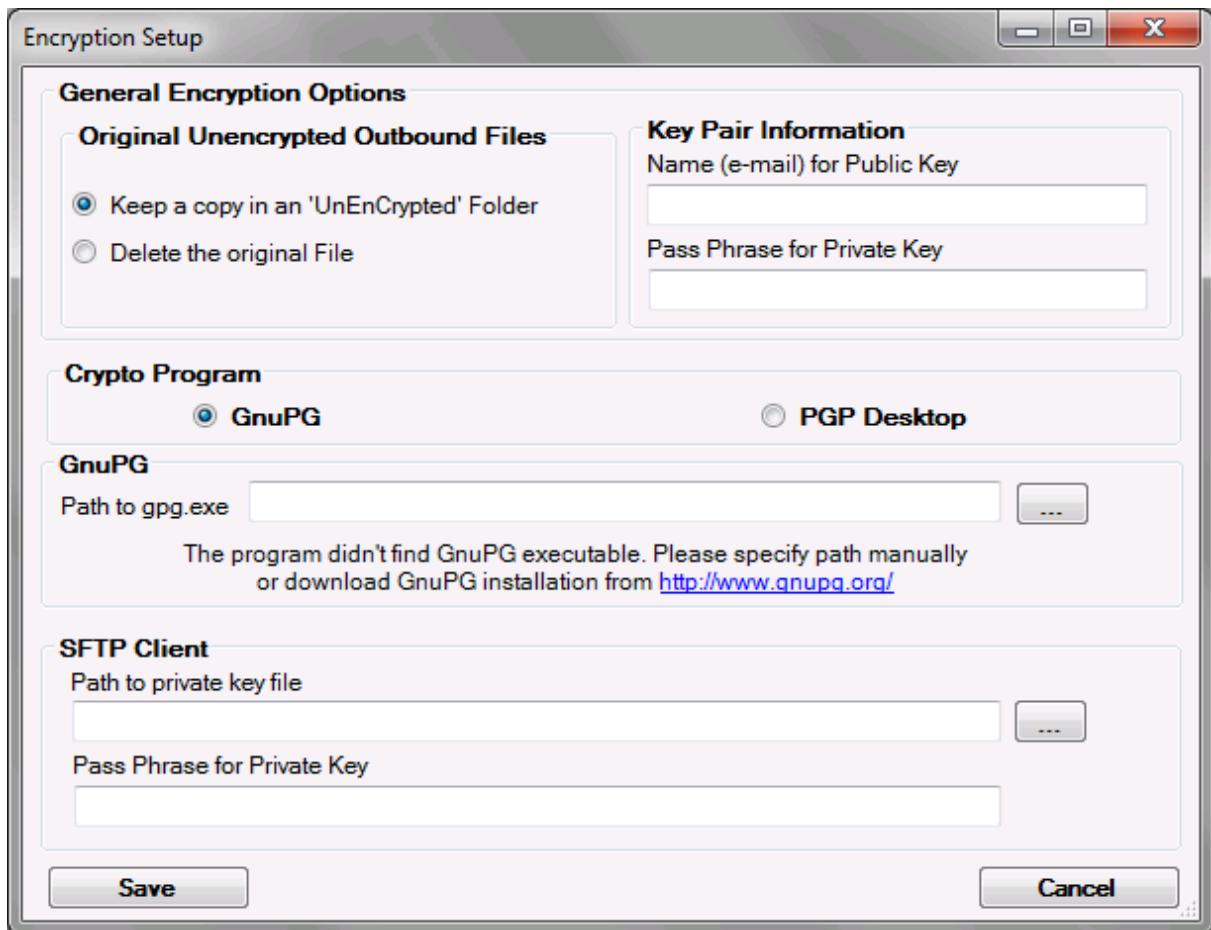
EDI Exchange allows you to set up the encryption for your EDI files. Follow the steps below.

1. Access the "Encryption Setup" window by selecting "Encryption Setup" under the "EDI Exchange" menu.



The encryption setup menu

2. The following window will appear.



The encryption setup screen

3. In this window define the following options:

General Encryption Options

- **Original Unencrypted Outbound Files**

- **Keep a Copy in an 'Unencrypted' Folder** – When the HIPAA Suite program creates an EDI file for a trading partner that has selected encryption, you can keep an unencrypted copy in the "Outbox/[trading partner]/Unencrypted" folder. This is useful when you need to go back to the file and check on problems.

Note: Once you encrypt a file with the public key of your trading partner, you will not be able to open it again. Only the owner of the private key can decrypt it and read it.

- **Delete the Original File** – If you do not want to keep the unencrypted copy, select this option.

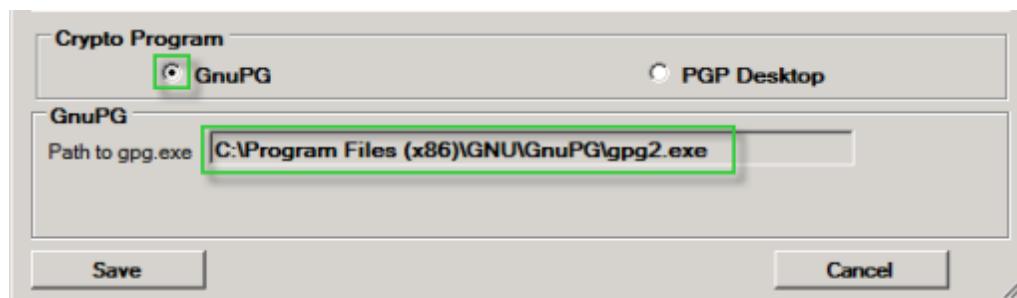
- **Key Pair Information**

- **Name (e-mail) for Public Key** – Enter name or e-mail that will be used to encrypt files for you by your trading partners.
- **Pass Phrase for Private Key** – Enter passphrase here to decrypt files encrypted previously with the pass phrase.

Note: The keys are identified by the email address of their owner.

• Crypto Program

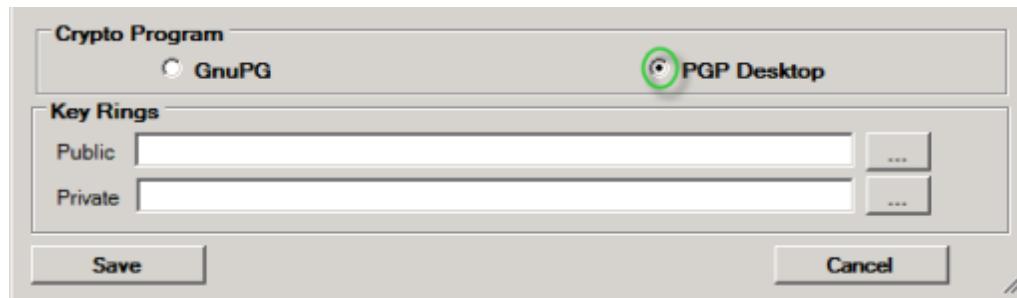
- **GnuPG** – Select this option if you have already installed the [GnuPG](#) software and want to use it.



The configuration using GnuPG

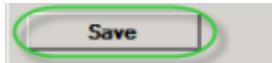
Note: When you select GnuPG, the program checks if the executable `gpg.exe/gpg2.exe` is present on your computer. If it is not found, you will have to specify the path manually or install the program first.

- **PGP Desktop** – Select this option if you have already installed the [PGP Desktop](#) program and want to use it. You will see a different lower half of the screen, where you can indicate the location of the keys. PGP Desktop uses "key rings" – encrypted folders that contain all your keys. The location of these two files is very important for PGP Desktop.



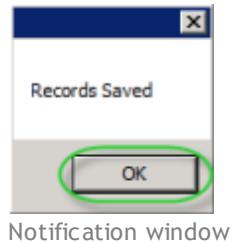
The configuration using PGP Desktop

- Once the settings are done, click the "Save" button.



The "Save" button

5. The following notification will appear. Click the "OK" button.



Notification window

10.5.3 Using PGP Desktop

Pretty Good Privacy ([PGP](#)) is a data encryption and decryption computer program that provides cryptographic privacy and authentication for data communication. PGP is often used for signing, encrypting and decrypting texts, e-mails, files, directories and whole disk partitions to increase the security of e-mail communications. PGP and similar products follow the OpenPGP standard ([RFC 4880](#)) for encrypting and decrypting data. For more information, see [How PGP works](#).

EDI Exchange supports PGP encryption and works seamlessly with [PGP Desktop](#) and open source [Gpg4Win](#) applications.

[PGP Desktop](#) (Symantec's encryption solutions) is a comprehensive suite of encryption applications which provides flexible, multi-layered encryption by bundling Drive Encryption to secure the files stored on local hard drives, and Desktop Email Encryption to secure confidential data in email. For more information, see [PGP Desktop documentation](#).

PGP Desktop key features:

1. Hard drive encryption software locks down the entire contents of a laptop, desktop, external drive, or USB flash drive, including boot sectors, system, and swap files.
2. Enables encrypted email and secure AIM® Instant Messages.
3. Creates storage-independent encrypted containers for transport and sharing of specific files using included utilities; PGP Self-Decrypting Archive, PGP Virtual Disk, and PGP Zip.
4. Includes PGP Shredder which can completely destroy unwanted disk-based files and folders.
5. Drive Encryption can be centrally deployed and managed by Symantec Encryption Management Server.

PGP Desktop key benefits:

1. Secures email without burdening users, to improve compliance with policies and regulations without hindering productivity.
2. Allows users to easily and transparently share encrypted files and folders, improving data security without impacting user productivity.
3. Management by Encryption Management Server centralizes creation, deployment and management of data security policies and reporting.

PGP Desktop bundles the following products:

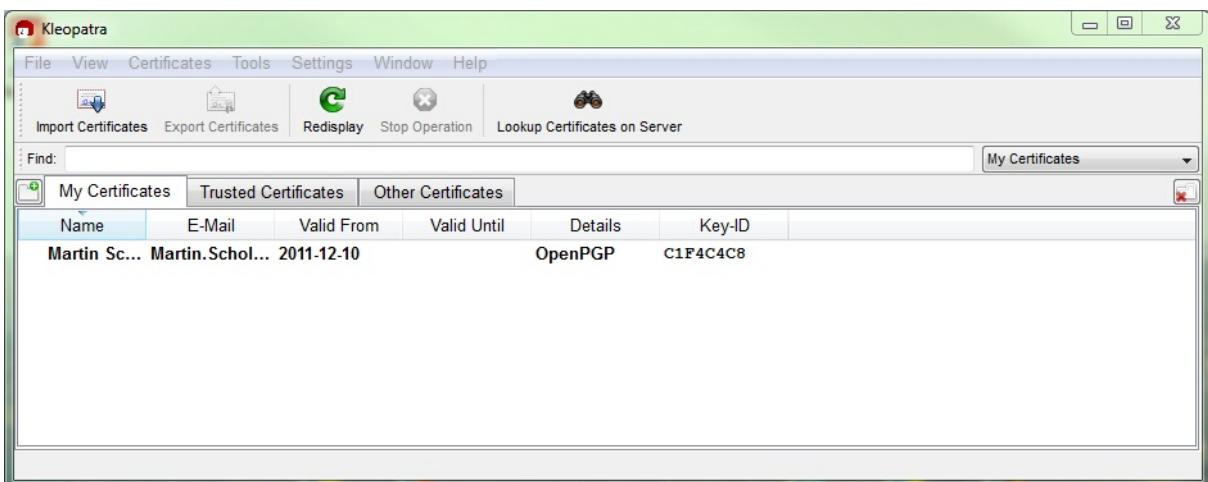
1. Drive Encryption. See [System Requirements](#).
2. Desktop Email Encryption. See [System Requirements](#).
3. Encryption Management Server. See [System Requirements](#).

10.5.4 Using GnuPG

[GnuPG](#) is an Open Source project for the implementation of the OpenPGP (Pretty Good Privacy) protocols of encryption. GnuPG allows to encrypt and sign your data and communication, features a versatile key management system as well as access modules for all kinds of public key directories. GnuPG, also known as GPG, is a command line tool with features for easy integration with other applications. Front-end applications and libraries are also available. Version 2 of GnuPG also provides support for S/MIME.

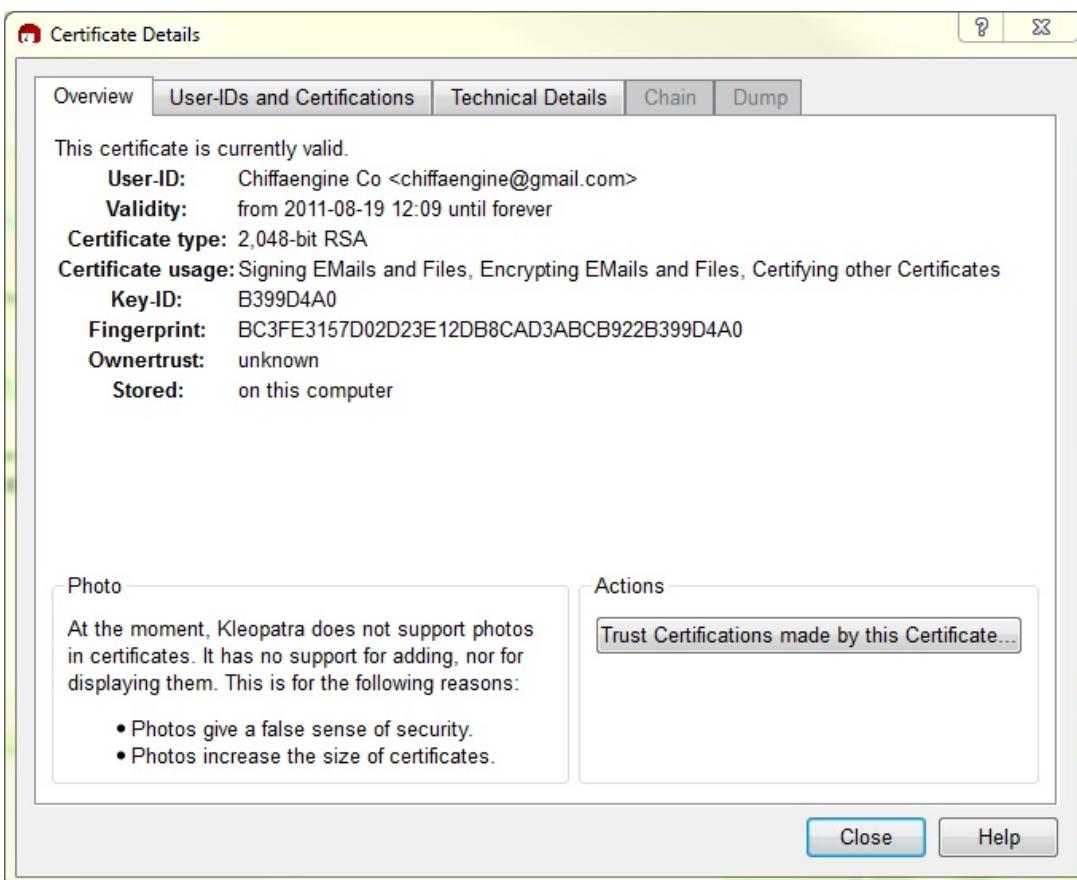
GnuPG is a free software, so it can be freely used, modified and distributed under the terms of the [GNU General Public License](#).

We recommend [Gpg4Win](#) for encrypting of your files and emails. [Gpg4Win](#) supports both relevant cryptography standards, OpenPGP and S/MIME (X.509), and is the official GnuPG distribution for Windows. [Gpg4Win](#) contains Kleopatra as one of its Free Software components. For more information, see [Gpg4Win documentation](#) available both in PDF and HTML versions.



Kleopatra, a certificate manager for OpenPGP and X.509 (S/MIME) and common crypto dialogs

With Kleopatra, it is easy to manage your certificates and create your own ones. It seamlessly integrates with GnuPG. You can manage the key that you receive from your trading partners, because there is a screen to view the details of a key.



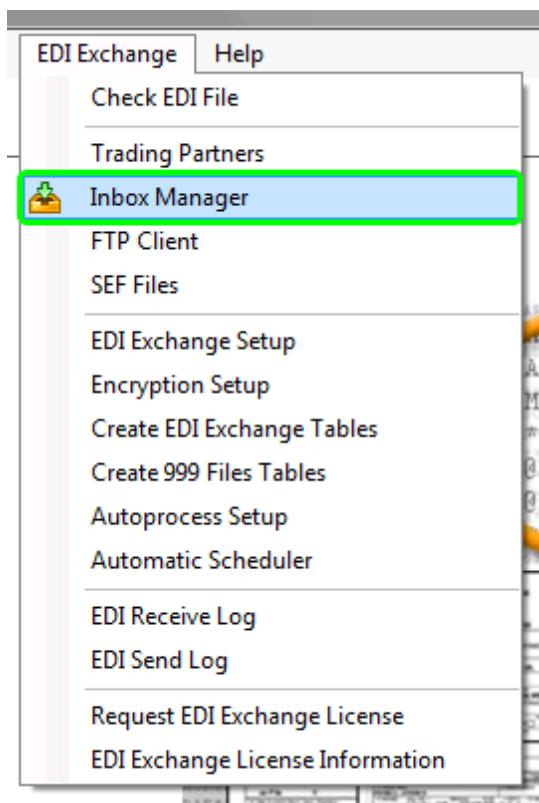
Certificate details with Kleopatra

10.6 Using EDI Exchange Features

10.6.1 Accessing Inbox Manager

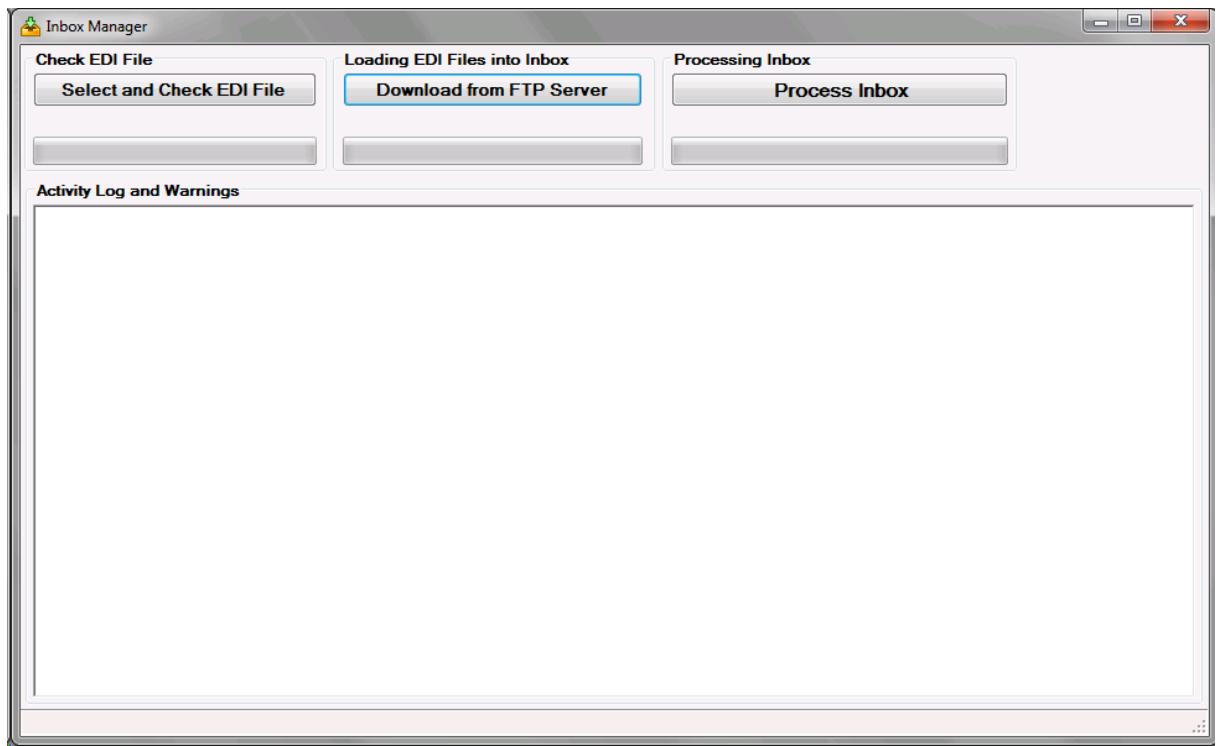
Using the Inbox Manager you can access the most important functions of EDI Exchange. Inbox Manager allows you to download EDI files into the "Inbox" folder and process these files. This screen handles the post-processing of the EDI files, their compliance check and auto-processing options.

1. To access the Inbox Manager, click the "Inbox Manager" under the "EDI Exchange" menu.



The "Inbox Manager" menu item

2. The following screen will come up.



The "Inbox Manager" window

Read more in:

- [Downloading EDI Files From FTP Server](#)
- [Processing EDI Files](#)
- [Selecting and Checking EDI Files](#)

10.6.2 Checking EDI Files

EDI file analysis based on the HIPAA standards. Compliance with HIPAA EDI rules is an essential part of the exchange of EDI documents. The standards are the only agreed upon rules that sender and receiver use to exchange data from completely different backend systems. Strict adherence is therefore necessary to guarantee frictionless operation.

Unfortunately, HIPAA compliance is difficult and the truth is that many HIPAA EDI files are truly bad. Syntax errors, omitted loops, missing elements, wrongly formatted elements – these are the most common EDI errors. Without a true analysis, it is difficult to say what data ends up in your system.

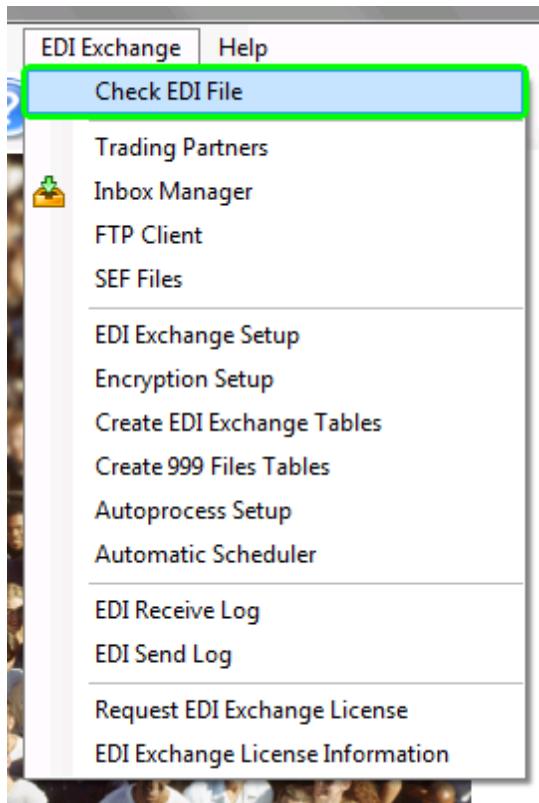
EDI Exchange has a built-in compliance engine that analyzes each incoming and outgoing EDI transaction. Line by line, element by element, error reporting provides a powerful tool to determine the quality of the incoming and outgoing EDI files. All HIPAA file versions are supported. The compliance check creates a detailed report that lists every

compliance issue. Outgoing files can also be checked and individual transaction in violation of HIPAA rules can be held back.

Note: You can enable automatic compliance check on outgoing and incoming EDI files. See [Setting up Incoming and Outgoing Files Options](#).

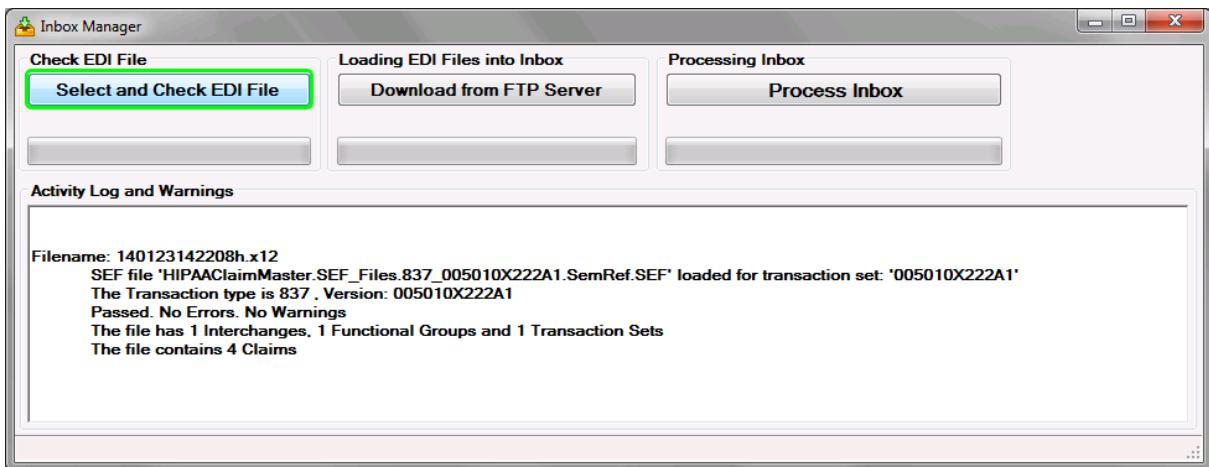
Follow the instructions below to check EDI files for compliance.

1. Select "Check EDI File" under the "EDI Exchange" menu item.



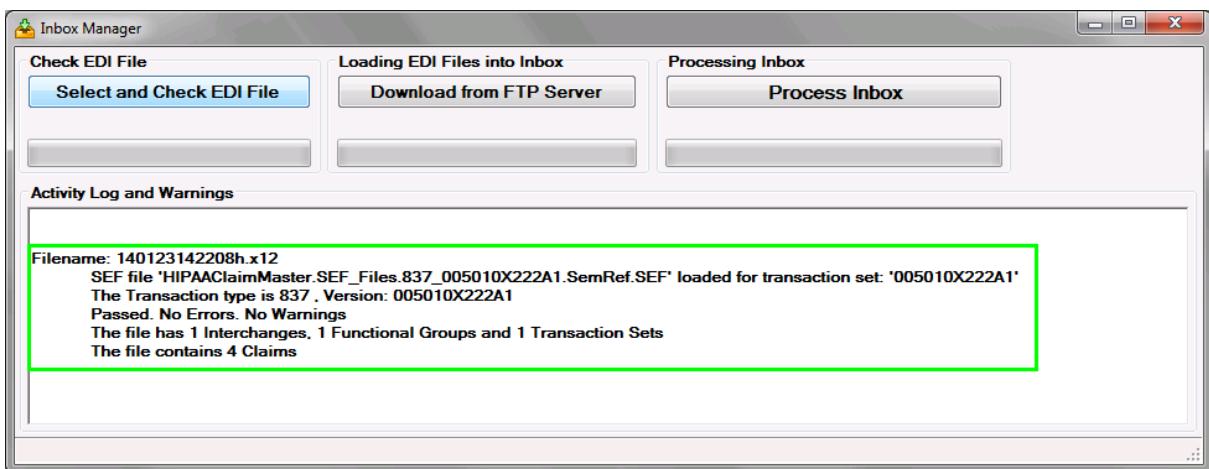
The "Check EDI File" menu item

Alternatively, you can click on the "Select and Check EDI File" button in the Inbox Manager window. Read more in [Accessing Inbox Manager](#).



The "Select and Check EDI File" button

2. In the opened file selection dialog, select an EDI file and click "Open."
3. In the Inbox Manager, you can see the result messages for the operation. The details are displayed in the "Activity Log and Warnings" area.



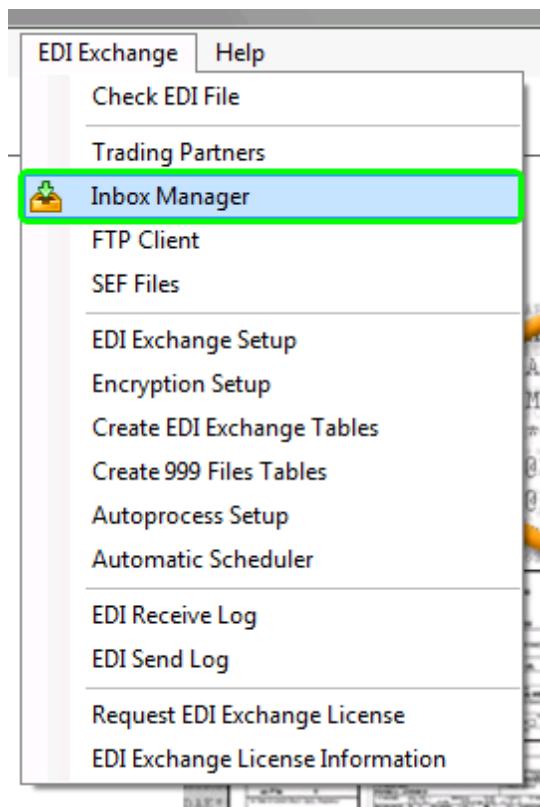
The "Activity Log and Warnings" area displaying log messages

10.6.3 Downloading EDI Files From FTP Server

EDI Exchange Inbox Manager allows you to load EDI files into the "Inbox" folder and process these files. Be sure you have setup FTP settings in the "Remote FTP" tab of the Trading Partner window (see [Setting up Trading Partners](#)).

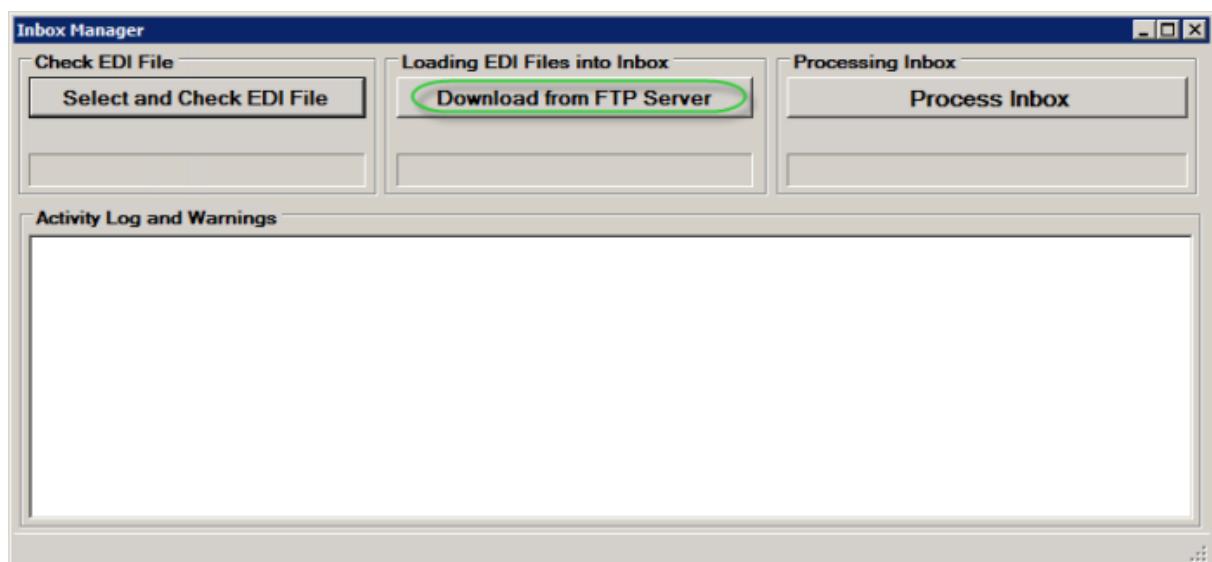
Follow the instructions below to upload EDI files into the "Inbox" folder.

1. Access the Inbox Manager by clicking the "Inbox Manager" under the "EDI Exchange" menu.



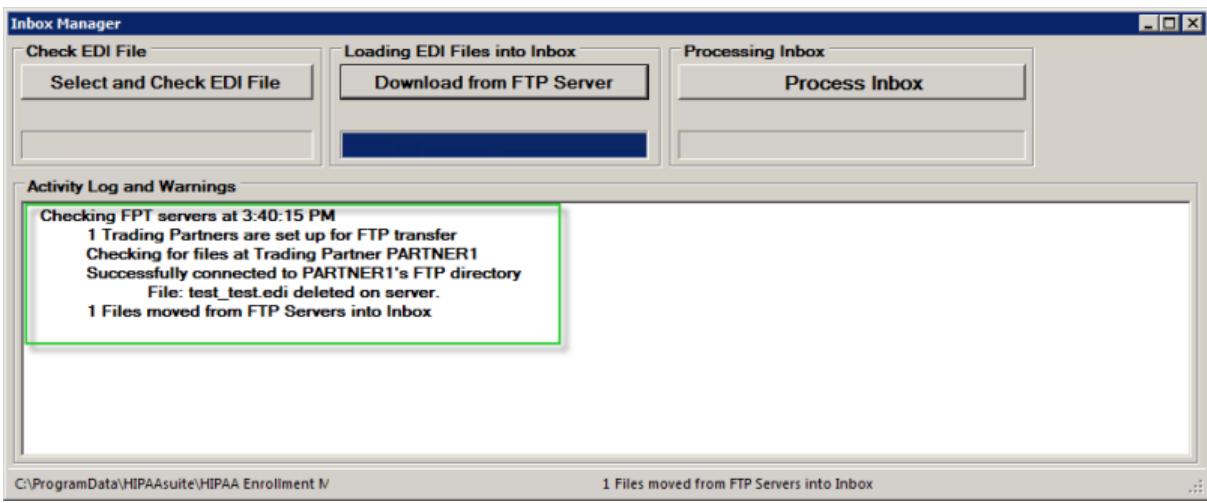
The "Inbox Manager" menu item

2. Click the "Download from FTP Server" button.



The "Download from FTP Server" button

3. When the process has been finished, the "Activity Log and Warnings" area displays the report.



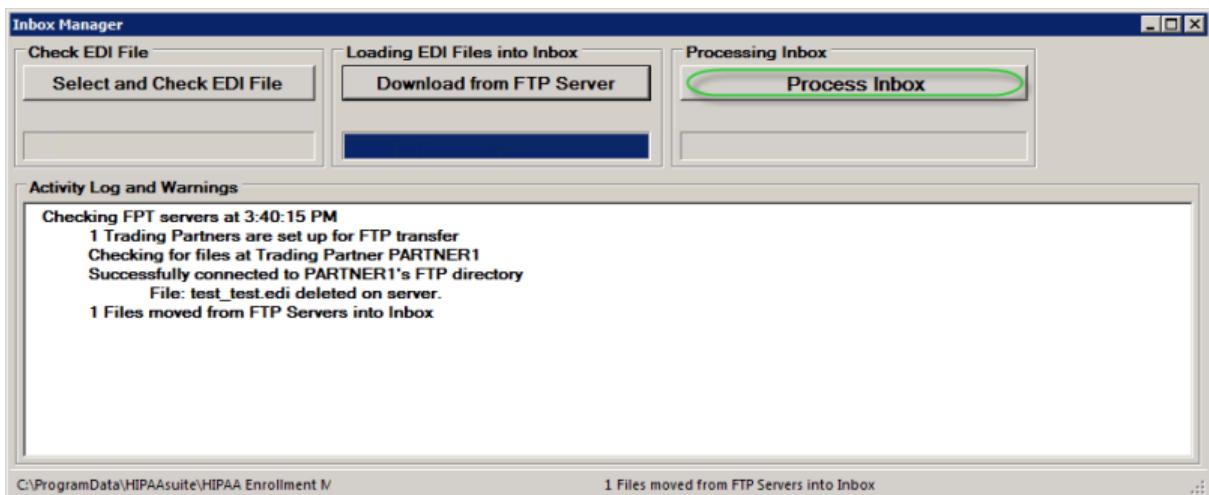
Activity Log and Warnings information

10.6.4 Processing EDI Files

EDI Exchange Inbox Manager allows you to process EDI files downloaded to the "Inbox" folder beforehand.

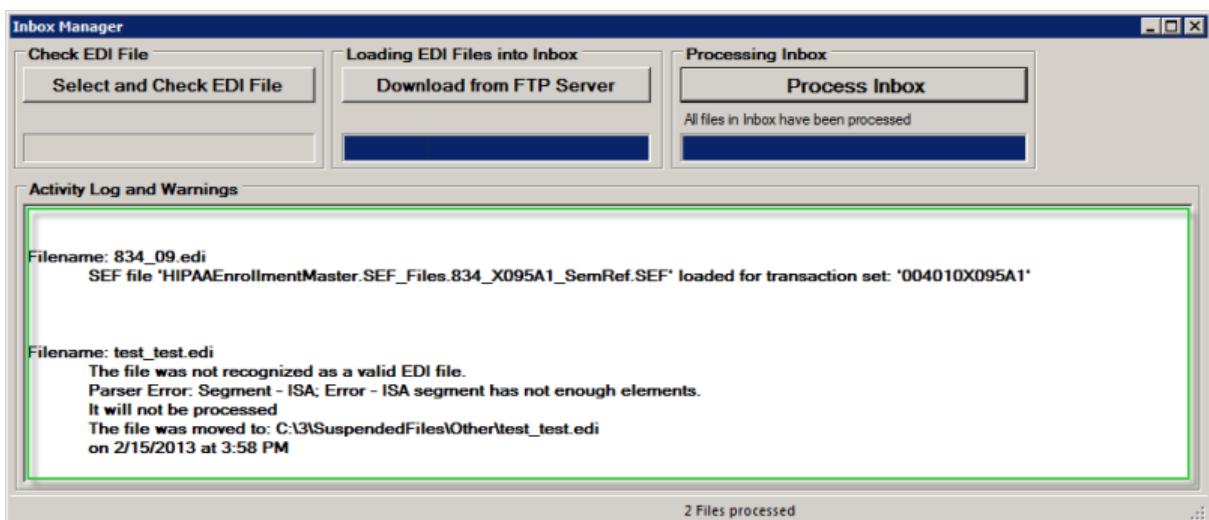
Note: Once you have saved the auto-processing options (see [Defining Auto-Processing Options](#)), the files will not only be analyzed but also processed according to the defined settings. The auto processing enables you to combine and run multiple fulfillment steps together (for example, export, saving, printing.)

1. Once [Downloading EDI Files From FTP Server](#) is completed, and no errors are displayed, click on the "Process Inbox" button. This will autoprocess all files present in the EDI inbox directory.



The "Process Inbox" button

- Once the processing is completed, review the Activity Log and Warnings information.

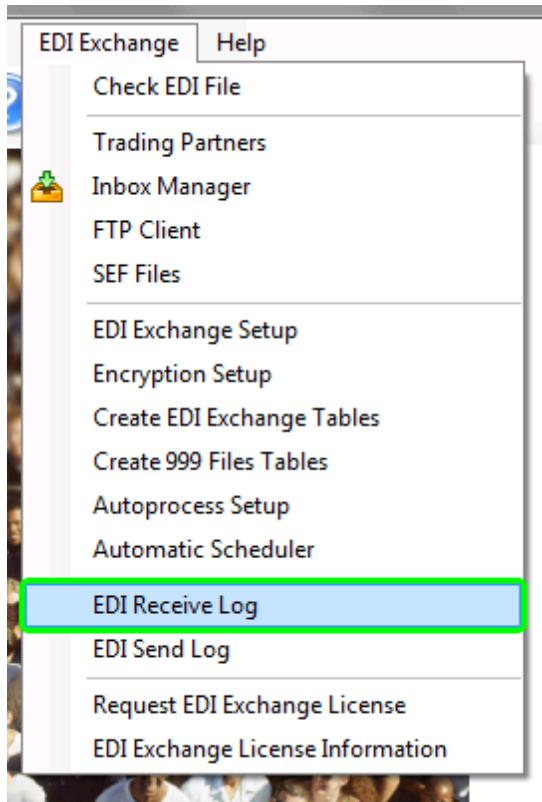


Activity Log and Warnings information

10.6.5 Accessing EDI Receive Log

EDI Exchange has a file log. Each processed file creates an entry in the `Trans_Log` table. You can access the "EDI Log" window to query this table and see what files came in and how they were processed. You can access the EDI Receive Log once the application has been initialized. Follow the instructions below.

- To open the "EDI Log" window, select "EDI Receive Log" under the "EDI Exchange" menu item.

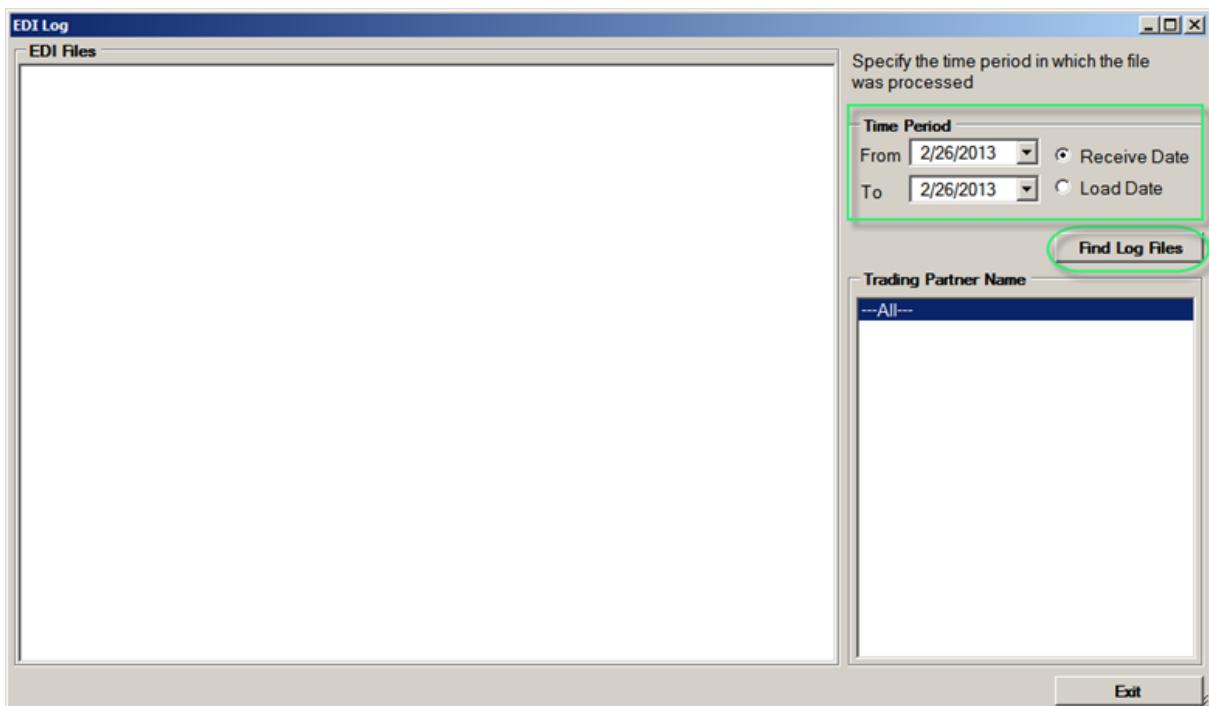


The menu for the EDI Receive Log

2. To display data, specify the time period and select trading partner.

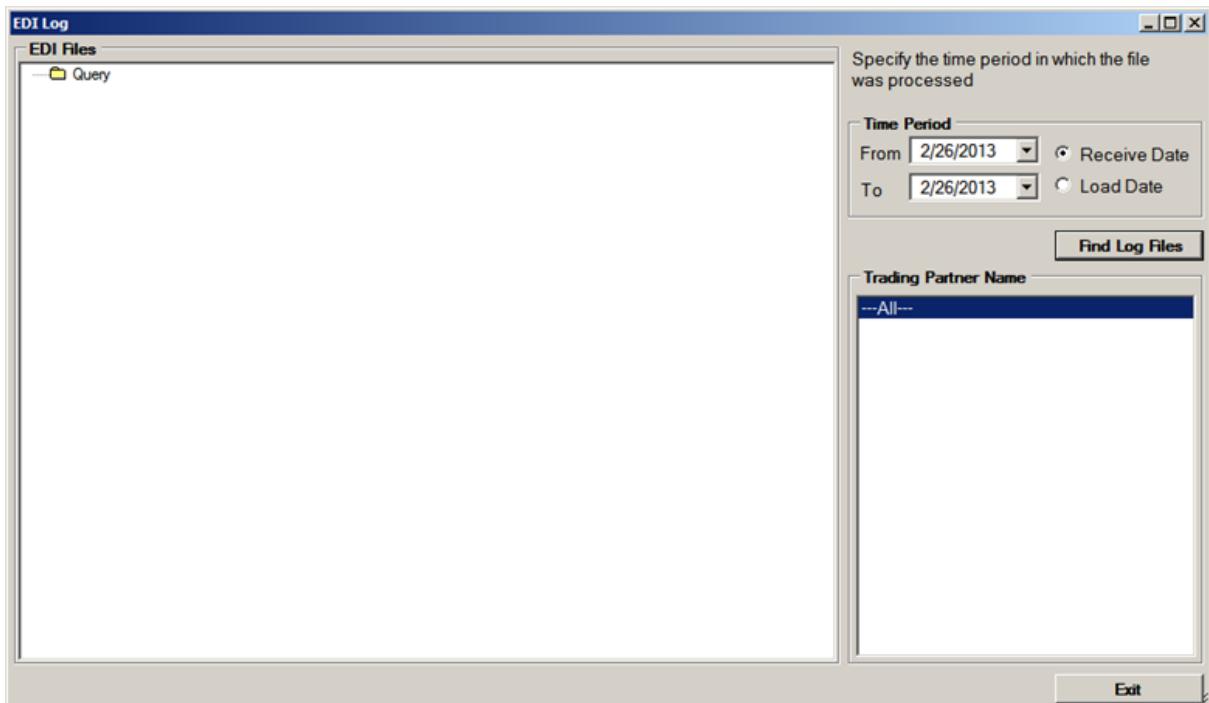
- **Time Period** – Period of time when the file was processed. Choose one of the available options:
 - **Receive Date**
 - **Load Date**
- **Trading Partner Name** – You can select your trading partner from the list. If you select "---All---", all your trading partners will be included.

3. Click on the "Find Log Files" button to see the list of log files corresponding to your query.



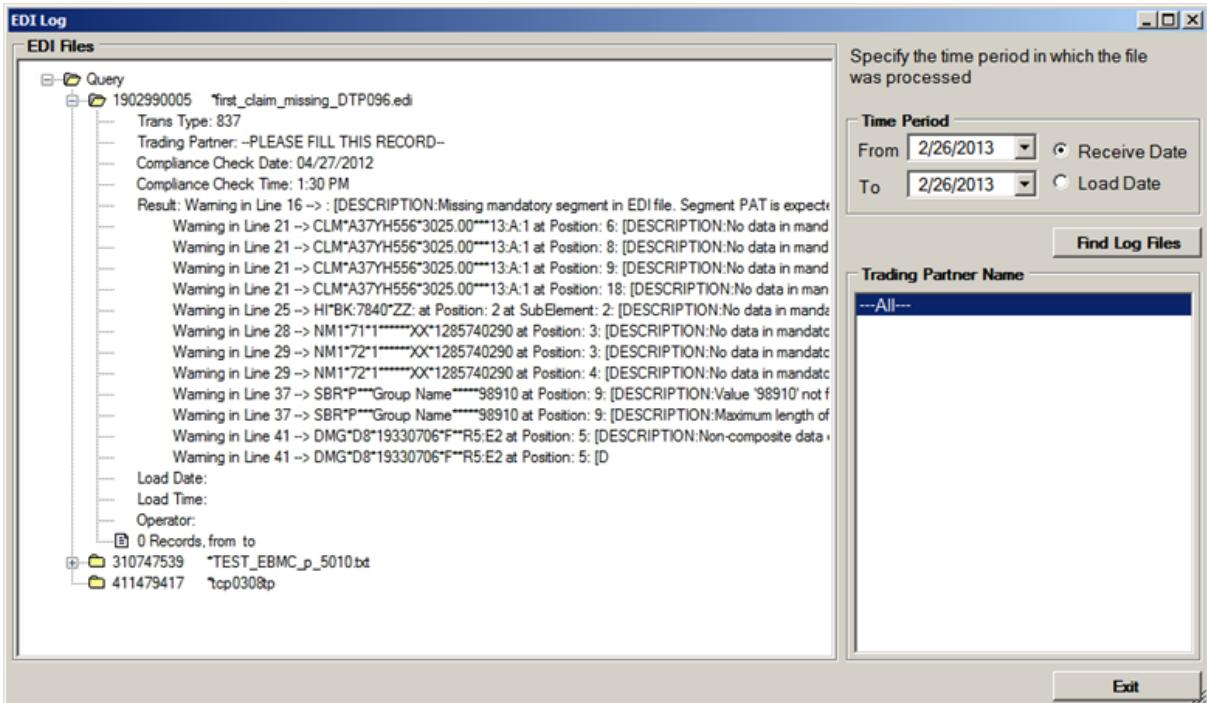
Specifying the time period

4. The log will be displayed in form of a tree.



Displayed log

5. You can open the folder icons and see details related to each file.



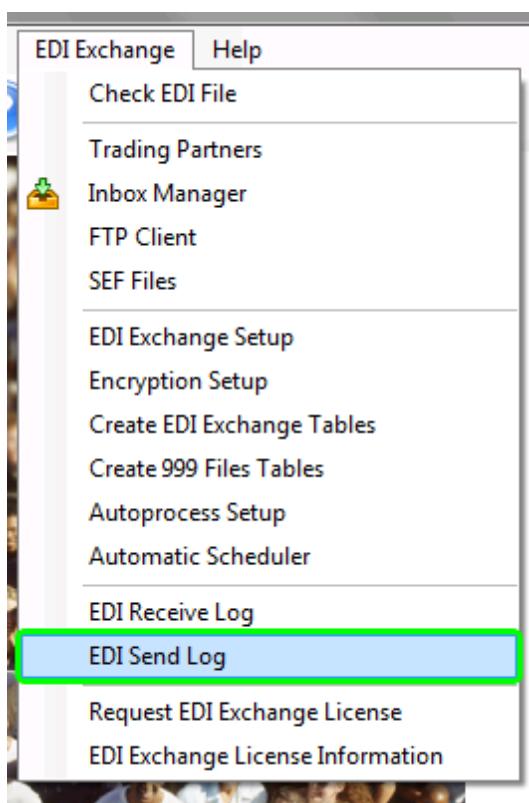
Details of the EDI Receive Log

If the records have been exported to the database, you can see the time, date and record count.

10.6.6 Accessing EDI Send Log

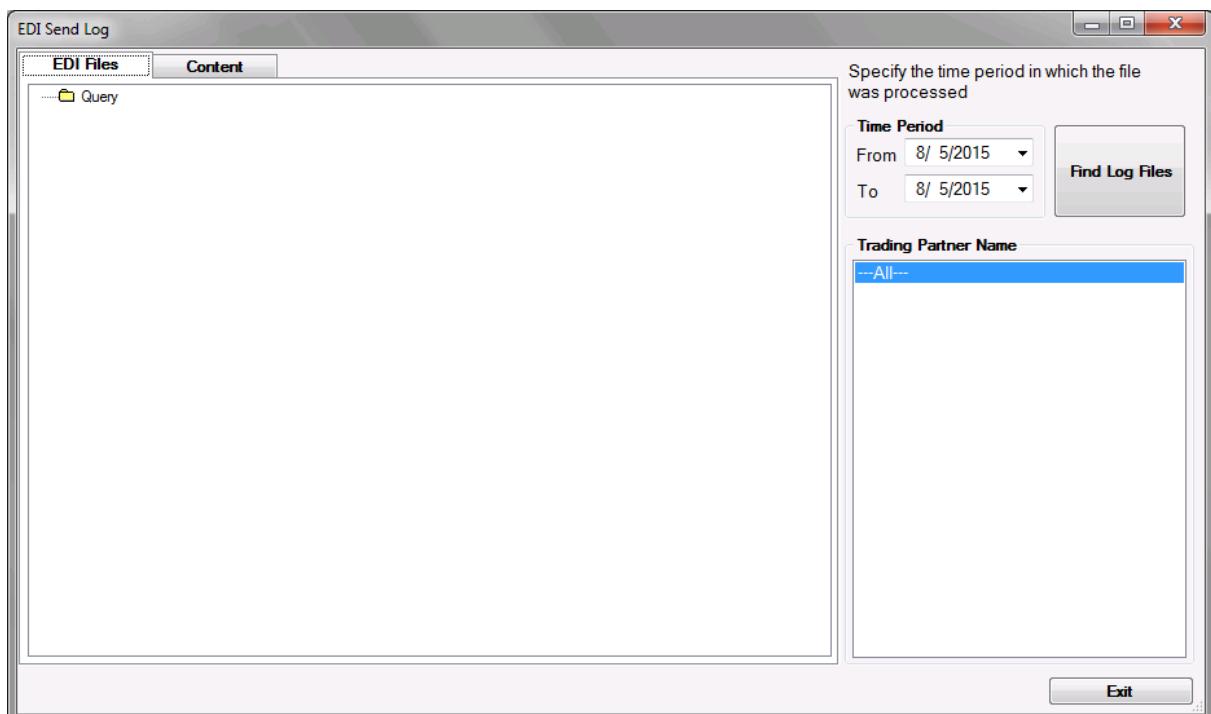
This page contains instructions on how to access the "EDI Send Log" window. It becomes available once EDI Exchange has been initialized.

1. Select "EDI Send Log" under the "EDI Exchange" menu.



The "EDI Send Log" menu

2. The following window will appear:



The "EDI Send Log" screen

3. To display the log data, select the time period and a trading partner.

- **Time Period** – Period of time when the file was processed. Choose one of the available options:

- **Receive Date**
- **Load Date**

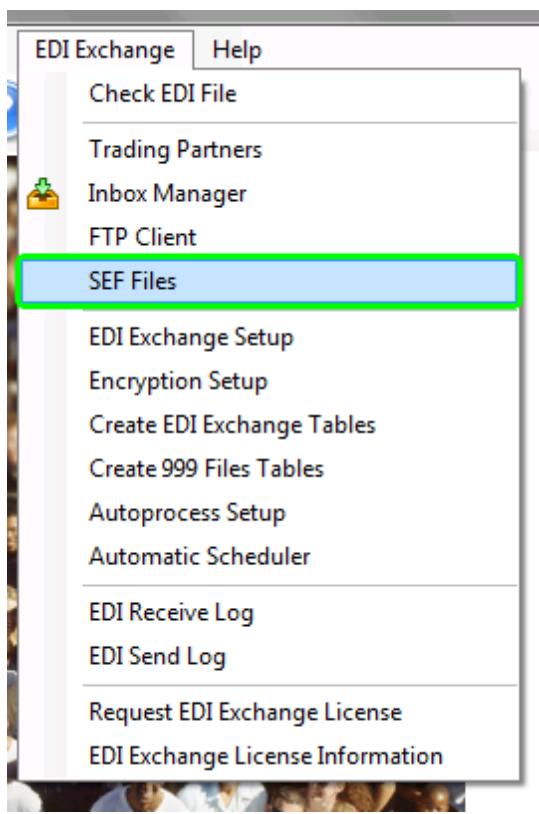
- **Trading Partner Name** – Select a trading partner in the list. If you select "--- All---", all trading partners will be included.

4. Click on the "Find Log Files" button to display the list of log files corresponding to your query.

10.6.7 Listing SEF Files

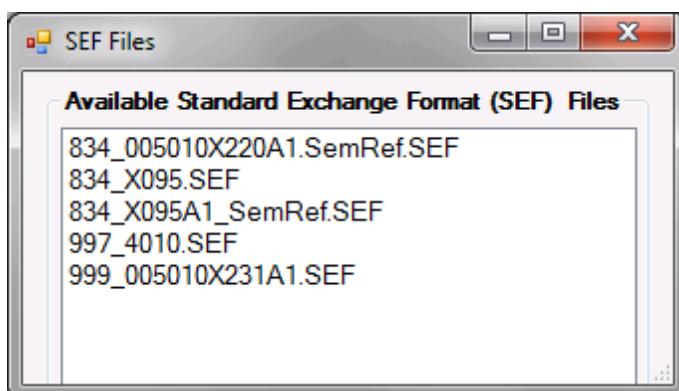
SEF (Standards Exchange Format) files are repositories of standards information that define the format of EDI documents. SEF files are the basis for the compliance check engine that EDI Exchange uses. These files contain all rules of the implementation guide of a transaction. There is a SEF file for each transaction that EDI Exchange is licensed for. For example, for 837 transactions we have SEF files for institutional, professional and dental claims in 4010, 4010A1 and 5010A1 version and the 997 and 999 transactions.

1. To access the list of available SEF Files, select "SEF Files" under the "EDI Exchange" menu.



The "SEF Files" menu item

2. The "SEF Files" window will appear.



A list of SEF files

Chapter



XI

11 HIPAA Suite RealTime Client

11.1 Concepts_2

The HIPAA Suite RealTime Client is a communications client designed to interact with SOAP and MIME services. This makes HIPAA Authorizer able to request and receive EDI files, in turn enabling providers of health care services to check whether a patient is covered by a health insurance policy electronically. The client will package and send EDI 278 files and receive the 278 response transaction files using secure http as a transport medium. The RealTime Client is also capable of sending unencrypted test-only messages for use in a testing environment, however in a production environment they will be sent via https. This means every service needs an SSL Certificate signed by a recognized certificate authority and every EDI message sent through https will be sent encrypted and can only be decrypted by its intended recipient.

With the Affordable Care Act's (ACA or Obamacare) adoption of the EDI connectivity rules developed by the Coalition for Affordable Quality Healthcare (CAQH), a consortium of healthcare industry providers and insurers, the need. They devised and prescribed mechanisms to transfer eligibility information in real-time between two computers. These new CORE standards will greatly enhance the efficiency of establishing insurance coverage for a patient, reducing the wait time to under a minute. CAQH's CORE standards for administrative data exchange are rolled out in segments referred to as Phases. The HIPAA RealTime Client is CORE Phase II-certified, meeting all connectivity and data content rules specified therein.

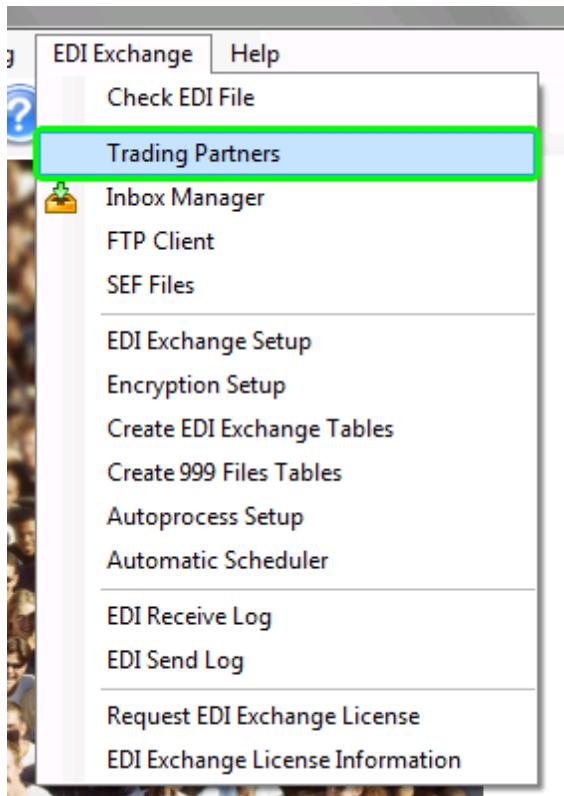
The HIPAA Authorizer's RealTime Client requires EDI Exchange. It will allow you to send EDI 278 requests securely to the trading partner of your choice and process the resulting EDI 278 response file. Although named RealTime, the client does support batch mode EDI transfers for large or bundled eligibility requests.

Though the 278 transaction set is not yet mandated under the CORE rules we at HIPAA Suite feel that this technology could be beneficial to the exchange of authorizations between a provider and a UMO/payer.

11.2 Trading Partner Setup

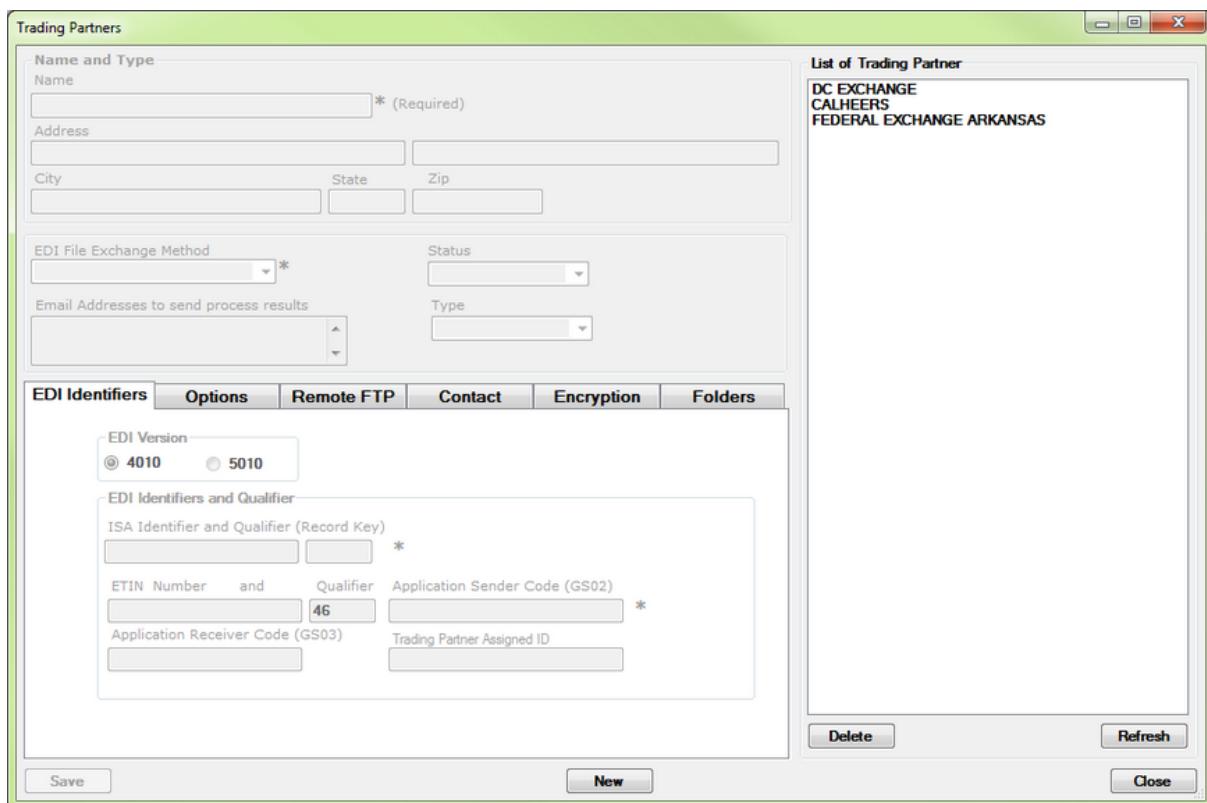
The HIPAA Suite RealTime Client can be used to consume a CORE-compliant service hosted by a Trading Partner. In HIPAA Suite Authorizer, this means you can verify a patient's medical coverage in real time; RealTime Client also supports batch mode transfers for larger or multiple Eligibility requests packaged in a single EDI file. In order to consume a client's CORE-compliant SOAP or MIME service, the following steps must be taken:

1. You will need your Trading Partner's service's URL address. Some Trading Partners may have separate addresses for SOAP and MIME services (both being specified in the CORE Connectivity Rules), Real Time and Batch services, or Batch request submissions and Batch request pickup.
2. Head to your trading partner's configuration settings under the "EDI Exchange" menu:



The "Trading Partners" menu item.

3. The "Trading Partners" configuration window will appear. If the Trading Partner for whom you are configuring the RealTime Client is already listed, double click on the Trading Partner and skip to step #5. Otherwise, click the "New" button and continue onto step #4.



Trading Partner configuration window populated with some Trading Partners.

4. The left side of the Trading Partner configuration window will become available to you for editing. Fill in at least the Trading Partner's name, ISA identifier and qualifier, the Trading Partner's application code, and finally, under the "Folders" tab, the outbox and repository folders to be used for this Trading Partner. The "Create..." button underneath these last two fields will automatically fill in the text for you using the Trading Partner's name.

A blank Trading Partner.

5. The fields specific to the RealTime Client are the "EDI File Exchange Method" dropdown selection in the main configuration window and the "CORE" tab on the bottom of the same window. You can select either CORE or MIME from the "EDI File Exchange Method" to send messages to your trading partner using the RealTime Client.



Selecting MIME or SOAP will use the RealTime Client to send EDI requests to this trading partner.

6. To flag the trading partner as OK for EDI transfers, the Status field must be set to Active or Test Only. "Test Only" is only for testing and will enable you to use unsecure http:// addresses to contact your Trading Partner. The "Approved" option flags enables secure transfers to this trading partner.



"Approved" will let Authorizer know this is a trusted Trading Partner.

7. Lastly, the "CORE" settings tab. Settings dealing with addressing and user credentials are stored here. Type in the addresses for this Trading Partner's SOAP or MIME servers. Some Trading Partners listen on different addresses for RealTime and Batch transfers,

and some even have distinct addresses for Batch Mode request submissions and Batch Mode results retrieval. Spaces for all of these are provided. If this Trading Partner doesn't have a different service address for Batch Mode result retrieval, the address is the same as for Batch Mode request submission; likewise if this Trading Partner does not have a different address to distinguish RealTime from Batch mode, they are the same address.

Currently only username tokens are supported. Fill in the username and password textboxes with the credentials your Trading Partner has provided you for use of their CORE-compliant service. These will identify you to this Trading Partner when requesting a patient's eligibility information.



User credentials and CORE-compliant service addresses. Both are required for successful communication.

11.3 Sending Requests and Receiving Responses

There are two methods of sending requests via the HIPAA Suite RealTime Client and, by extension, MIME or SOAP to a desired Trading Partner.

Sending an Eligibility Request using the Workgrid

After creating an authorization request using the request mode and the [Manual Entry](#) method it will be presented on the workgrid as follows:

List of Authorization Requests					
ID	Requester	Subscriber	Dependent	Subscriber ID	
1	ORLANDO BEHAVIORAL HEALTH	DOW, JOHN		321654987-5	

If you are having trouble finding the correct request, try filtering by date created or unsent requests only.

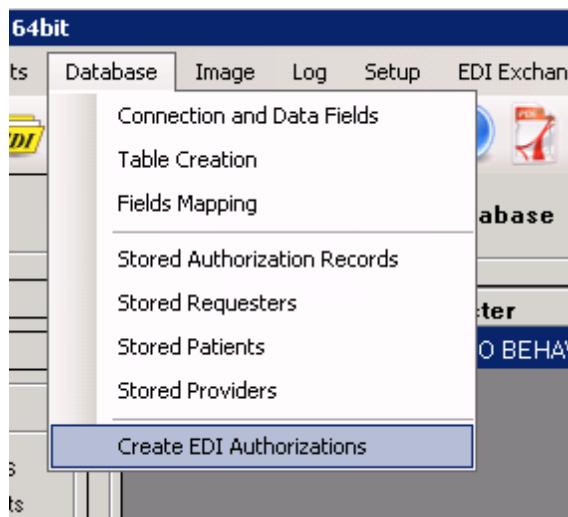
Query Settings			
<input checked="" type="checkbox"/> Limit quantity of records to show at once to	<input type="text" value="1"/>		
<input type="checkbox"/> Show records created during the period from	<input type="text" value="4/3/2015"/>	to	<input type="text" value="4/3/2015"/>
<input type="checkbox"/> Show only records which are not sent yet			
<input type="button" value="Apply changes"/>			

Having located the record to be sent, click on "Send to Trading Partner". This will present you with a selection of Trading Partners and, having double clicked the desired receiver for your request, will then send the EDI request to the selected Trading Partner through the method you selected during the Trading Partner setup. If the method selected was MIME or SOAP, the request will be sent to the selected Trading Partner's MIME or SOAP service.



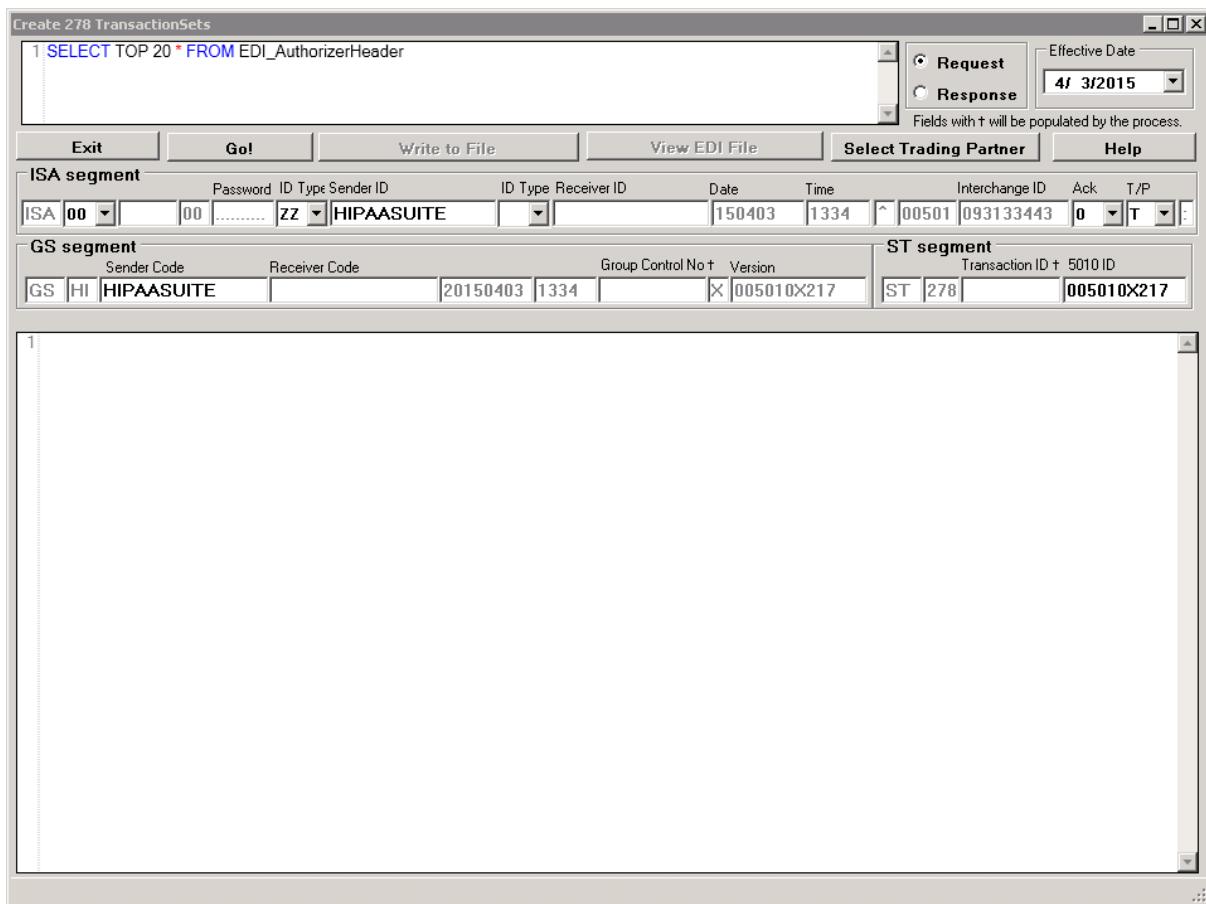
Sending an Eligibility Request using a DB Query

To send an eligibility request created from a query, first open the "Create EDI Authorizations" form.



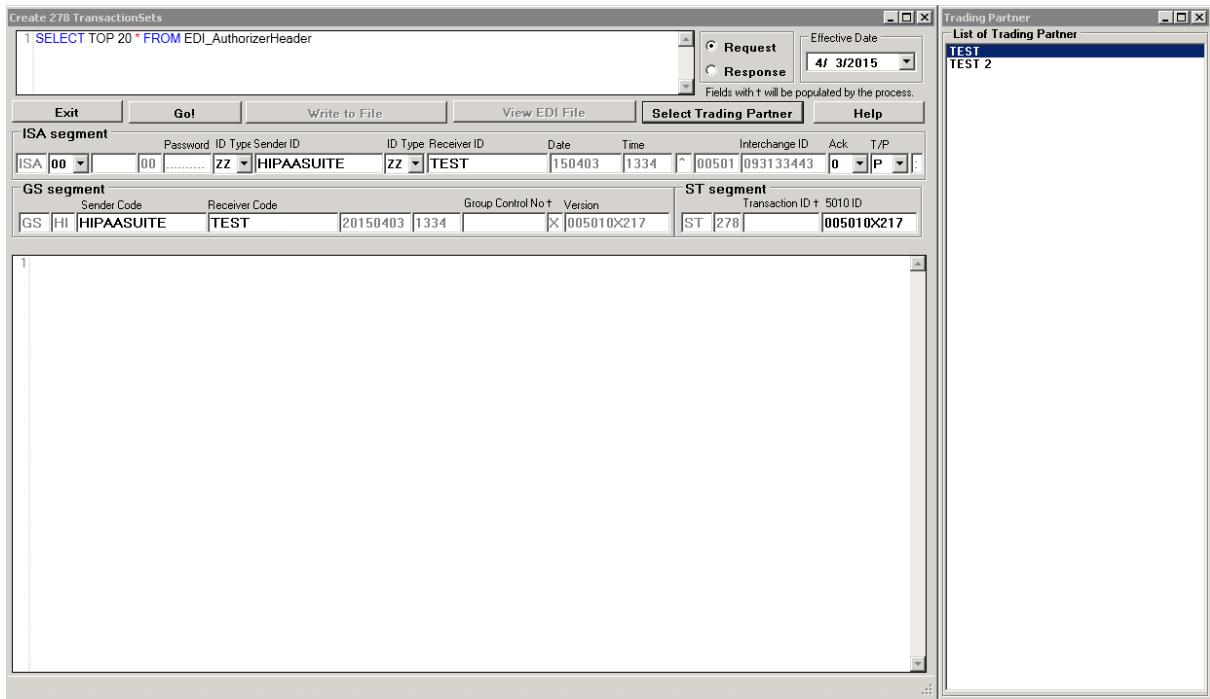
In the "Create EDI Authorizations" form, first select the trading partner to whom you wish to send a request by clicking "Select Trading Partner". If no trading partners are listed, you must enter them as shown in [Setting up Trading Partners](#).

Selecting a trading partner will fill in the appropriate EDI fields in the ISA and GS segments when the EDI file is created.



The form to create 278 EDI files from the database

After selecting a trading partner, click the "Go!" button. This will generate a 270 Eligibility request EDI file. If the contents are satisfactory, save the file.



After saving, the "Send EDI" button will be active. To send the newly saved file, click it. This will send your EDI request to your trading partner via the method you specified when setting up the selected Trading Partner. If MIME or SOAP was selected, the file will be sent through the RealTime Client to the Trading Partner's MIME or SOAP service.

Chapter

XII

12 Issue Tracking

12.1 Reporting an Issue

HIPAA Suite like to make bug fixes fast and transparent. For this purpose we include an Bug tracker with the HIPAA Eligibility Responder. [bt.net](#), Bugtracker in ASP.Net is an open source project. HIPAA Suite implemented Bugtracker.Net in all its products to track bugs and enhancements. One of the reason we liked bt.net was the screen capture capabilities. We adapted and included this facility

You can reach the Issue Tracker under the Help menu

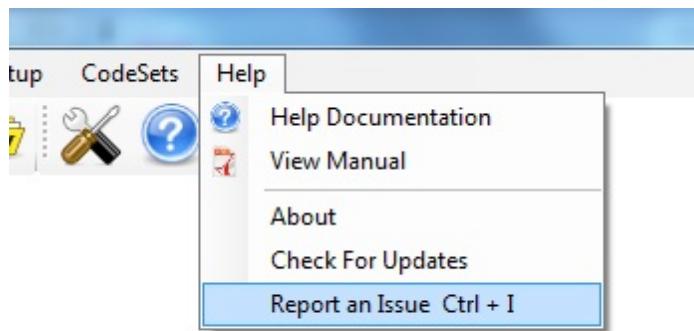


Figure 1: The menu for the issue tracker

Please remember the shortcut **Ctrl + I** to call the Issue tracker. Some screens do not give you access to the menu while they are open, but the key combination **Crtl + I** will call up the issue tracker report screen.

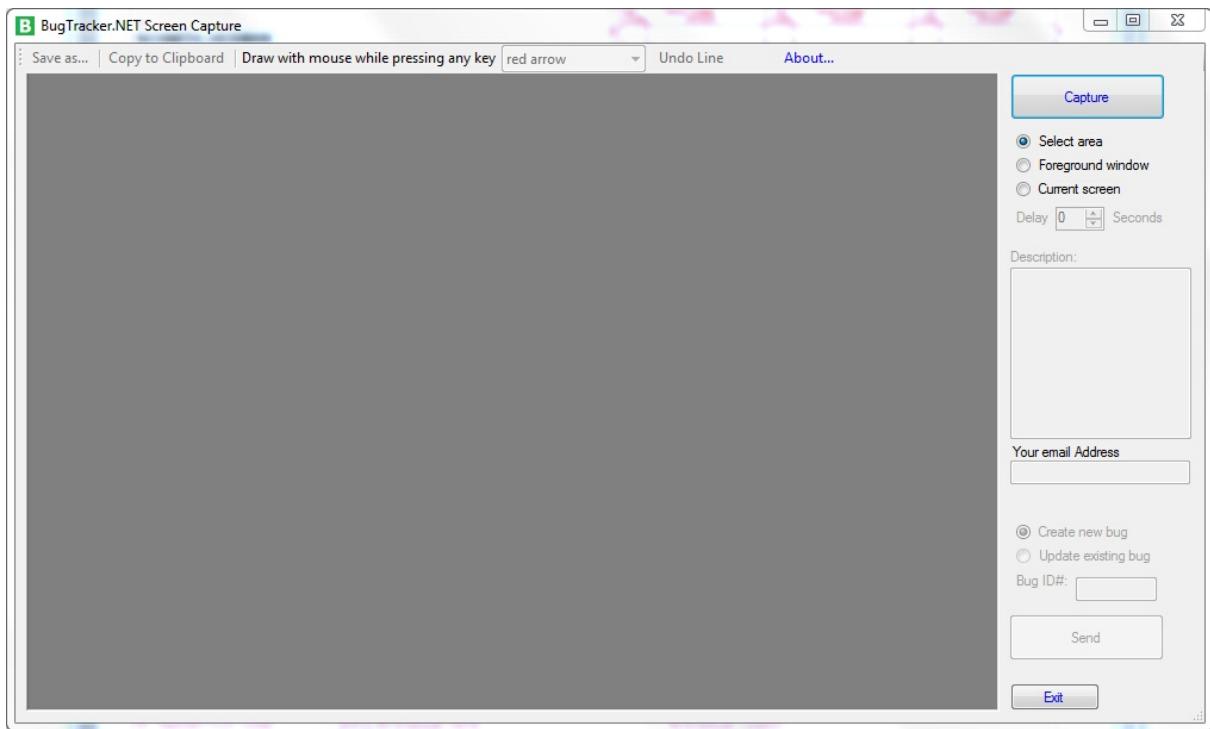


Figure 2: The BugTracker.Net screen capture facility

If you click on 'Capture' you can snap a picture of your screen

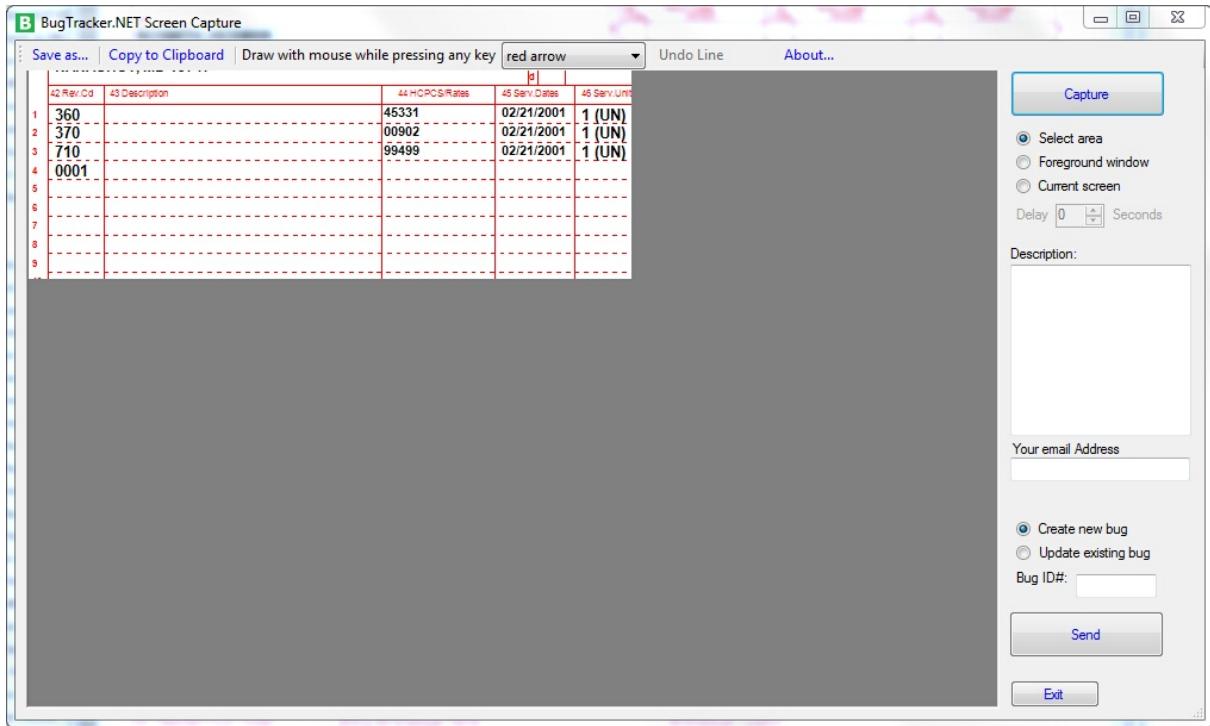


Figure 3: With a section from the underlying screen

Enter as much information into the description as possible. You can enhance your screen shot with drawings. By pressing any key and holding down the mouse while over the canvas, you either highlight in yellow, free draw in red or make red arrows:

You can high light sections

	45331	02/21/2001
	00902	02/21/2001
	99499	02/21/2001

Figure 4: High lighting a section

You can draw circles

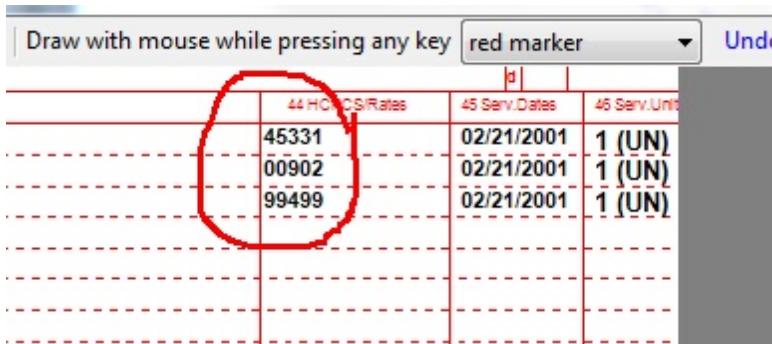


Figure 5: Circling a section

You can point arrows to pinpoint your concerns

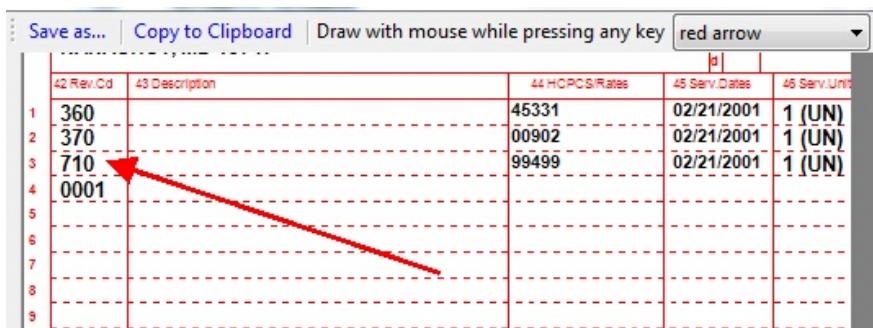


Figure 6: Drawing an arrow

Now please enter your email address so that we can get in contact with you and indicate whether this is anew bug or a follow up on an existing issue. Then click on 'Send'

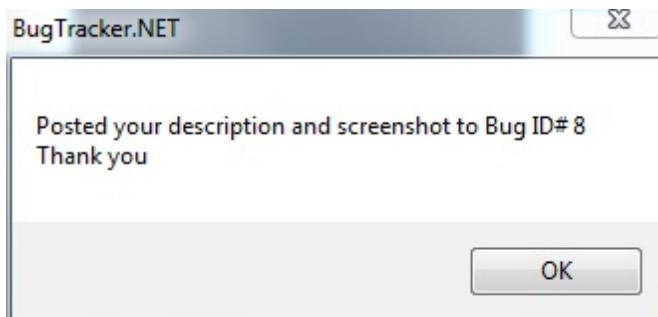


Figure 7: Acknowledgement of Issue submission

Now this bug has been submitted, we will be notified by email and you will get updates on the issue.

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